

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: June 11, 2025

Inspection Number: 2025-1276-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Sioux Lookout Meno-Ya-Win Health Centre

Long Term Care Home and City: William A. "Bill" George Extended Care Facility,
Sioux Lookout

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 26 - 29, 2025.

The inspection occurred offsite on the following date(s): June 2 - 4, 2025.

The following intake(s) were inspected:

- Intake: #00147917 - Proactive Compliance Inspection.

The following **Inspection Protocols** were used during this inspection:

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Residents' and Family Councils
Food, Nutrition and Hydration
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices

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Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that a resident's plan of care provided clear directions to staff and others who provide care to this resident.

Sources: A resident's care records; Interview with a staff member; and Inspector Observations.

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

a) The licensee has failed to ensure that staff and others involved in the different

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aspects of care of a resident collaborated with each other in the development and implementation the plans of care for two residents.

Sources: Residents Care Records; Interviews with a staff member; and Inspector Observations.

WRITTEN NOTIFICATION: Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that a resident's care set out in their plan of care, specifically in relation to completing a quarterly assessment, was provided to a resident.

Sources: A resident's care records; Interviews with staff and management.

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee has failed to seek the advice of the Residents' Council in carrying out the survey and in acting on its results.

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Sources: Interview with staff members; Interview with a resident; and review of recent Residents' Council meeting minutes.

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 43 (5)

Resident and Family/Caregiver Experience Survey

s. 43 (5) The licensee shall ensure that,

- (a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (4);
- (b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;
- (c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
- (d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part X.

The licensee has failed to ensure the results of the survey was documented and made available to the Residents' Council to seek their advice; and the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey were documented and made available to the Residents' Council; and the documentation was available for residents and their families; and the documentation was kept in the long-term care home and was made available during the inspection.

Sources: Review of Residents' Council meeting minutes; Interview with a staff member and interview with a resident.

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WRITTEN NOTIFICATION: General requirements

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

a) The licensee has failed to ensure that their pain management program was evaluated annually. Pain Management Program Lead confirmed there has been no evaluation of the program.

Sources: Interview with Pain Management Program Lead.

b) The licensee has failed to ensure that their skin and wound program was evaluated annually. The homes Skin and Wound Program Lead confirmed there has been no evaluation of the program.

Sources: Interview with Skin and Wound Program Lead.

WRITTEN NOTIFICATION: Nursing and personal support services

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 35 (3) (e)

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Nursing and personal support services

s. 35 (3) The staffing plan must,

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure that the staffing plan was evaluated and updated annually.

Sources: Homes staffing plan; Interview with Patient Care Manager.

WRITTEN NOTIFICATION: Pain management

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The licensee has failed to ensure that a resident's responses to, and the effectiveness of, pain management strategies, was monitored. In accordance with O. Reg 246/22, s. 11 (1) (b) the licensee was required to ensure that their procedure for monitoring effectiveness of pain medication was complied with. Specifically, no follow up was completed in monitoring the effectiveness of pain medication given to a resident.

Sources: A resident's care records; and Interviews with staff.

WRITTEN NOTIFICATION: Nutrition care and hydration programs

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NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to ensure that their policy titled “Hot Food Holding Temperature Log” was implemented. In accordance with O. Reg 246/22, s. 11 (1) (b) the licensee was required to ensure that written policies developed as part of their program relating to dietary services were complied with. Specifically no food holding temperatures were documented on a specified day and meal.

Sources: Homes policy; Review of the food temperature logs; and Interview with staff.

WRITTEN NOTIFICATION: Nutrition care and hydration programs

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (d)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

The licensee has failed to ensure that there was a system in place to monitor and

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evaluate residents food and fluid intake of nutrition supplements for residents who are receiving nutrition supplementation.

Sources: Interview with a staff member.

WRITTEN NOTIFICATION: Menu planning

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (2) (b)

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle, (b) is evaluated by, at a minimum, the nutrition manager and registered dietitian who are members of the staff of the home; and

The licensee has failed to ensure that prior to being in effect, the menu cycles were evaluated by the RD.

Sources: Interview with a staff member.

WRITTEN NOTIFICATION: Safe storage of drugs

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that, (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The licensee has failed to ensure controlled substances were stored in a separate, double-locked stationary cupboard in the locked area.

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Sources: Inspector observations and interview with a staff member.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (3) (c)

Medication incidents and adverse drug reactions

s. 147 (3) Every licensee shall ensure that,

(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 66/23, s. 30.

The licensee has failed to ensure a written record was kept of a quarterly review of all medication incidents, incidents with severe hypoglycemia, incidents of unresponsive hypoglycemia, adverse drug reactions and every use of glucagon that had occurred in the home since the time of the last review and a written record of any changes and improvements identified in the review were implemented.

Sources: Interviews with staff; and Policy: Medication Incident and Adverse Reporting.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2)

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

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1. The home's Administrator.
2. The home's Director of Nursing and Personal Care.
3. The home's Medical Director.
4. Every designated lead of the home.
5. The home's registered dietitian.
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.
7. At least one employee of the licensee who is a member of the regular nursing staff of the home.
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.
9. One member of the home's Residents' Council.
10. One member of the home's Family Council, if any.

The licensee has failed to ensure the continuous quality improvement committee was composed of at least if the following persons: Every designated lead of the home; The home's registered dietitian; At least one employee of the licensee who is a member of the regular nursing staff of the home; At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home; and one member of the home's Residents' Council.

Sources: Interview with a staff member and a review of Continuous Quality and Performance Improvement terms of reference.

WRITTEN NOTIFICATION: Orientation

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 259 (2) (f)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention

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and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(f) cleaning and disinfection practices;

The licensee failed to ensure that the training for staff in infection prevention and control (IPAC) required under paragraph 9 of subsection 82 (2) of the Act included cleaning and disinfection practices.

Sources: Interview with a staff member.

COMPLIANCE ORDER CO #001 Dining and snack service

NC #016 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. Re-train all specified staff at the Extended care facility on thickened fluids, how to thicken fluids to the various consistencies, the process and any resources available at the home in relation to thickening fluids. Keep a written record of who was trained, when the training occurred, who provided the training, and the content of the training.
2. Develop and implement an auditing tool and complete audits at least 3 times per week, for a minimum of 4 weeks, fluids are thickened to the correct consistency. Keep a written record of the auditing tool and completed audits. Implement corrective action if any gaps or concerns are identified as a result of the audits.

Grounds

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The licensee has failed to ensure that their dining service included a process to ensure that food service workers and other staff assisting residents were aware of a resident's fluid consistency requirements.

Sources: A resident's Care Records; Inspector Observations; and Interviews with staff.

This order must be complied with by July 23, 2025

COMPLIANCE ORDER CO #002 Annual evaluation

NC #017 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 125 (1)

Annual evaluation

s. 125 (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- 1) Review the home's medication management system and policies currently in use;
- 2) Evaluate and update the system and policies in accordance to standard or protocol issued by the Director with respect to medication; and
- 3) Maintain documentation of the review, evaluation and updates to the medication management system and policies.

Grounds

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The licensee has failed to ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, met annually to evaluate the effectiveness of the medication management system in the home and recommended any changes necessary to improve the system.

Sources: Review of the home's medication policies; and interview with staff.

This order must be complied with by July 23, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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Director

c/o Appeals Coordinator
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Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.