

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: September 16, 2025

Inspection Number: 2025-1616-0005

Inspection Type:
Complaint

Licensee: The Corporation of the County of Renfrew

Long Term Care Home and City: Miramichi Lodge, Pembroke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 28, 2025 and September 2, 3, 4, 5, 8, 9, 10, 15, 16, 2025.

The following intake(s) were inspected:

Intake: #00154868 -Complaint related to responsive behaviors of a resident.

Intake: #00155464 -Complaint related to a bed refusal.

Intake: #00157514 -Complaint related to a lack of recreational services and staffing on a specific unit.

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

- Resident Care and Support Services
- Responsive Behaviours
- Staffing, Training and Care Standards
- Pain Management
- Recreational and Social Activities
- Admission, Absences and Discharge

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary;

The licensee has failed to ensure that a residents care plan was updated when the residents care needs changed on a specific day in August, 2025.

During an interview with a staff member, they confirmed that the resident had been displaying expressions of responsive behaviours and that a specific intervention had been put in place. A review of the resident's care plan revealed it had not been updated to reflect this change in status.

On a specific day in September, 2025, the care plan for the resident was noted to have been updated to include the intervention.

Sources: Resident record review and an interview with a staff member

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Date Remedy Implemented: September 2, 2025

WRITTEN NOTIFICATION: Authorization for admission to a home

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

Non-compliance with: FLTCA, 2021, s. 51 (7) (b)

Authorization for admission to a home

s. 51 (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 50 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements;

The licensee has failed to comply with FLTCA 2021 s. 51 (7) b whereby the licensee refused an applicant's admission to the home based on reasons that are not permitted in the legislation. Specifically, the licensee withheld an application for admission citing the staff of the home lacked the nursing expertise.

Sources: Applicants application, applicant refusal letter and interviews with staff members