

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:** March 31, 2026

**Inspection Number:** 2026-1468-0001

**Inspection Type:**  
Proactive Compliance Inspection

**Licensee:** North of Superior Healthcare Group

**Long Term Care Home and City:** Wilkes Terrace, Terrace Bay

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 23 - 26, 2026.

The inspection occurred offsite on the following date(s): March 27, 2026.

The following intake(s) were inspected:  
- Proactive Compliance Inspection

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

Contenance Care  
Residents' and Family Councils  
Restraints/Personal Assistance Services Devices (PASD) 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 (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;

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or

- a) A resident's plan of care identified an intervention.

In interviews, staff reported this resident no longer required this intervention due to a change in condition.

**Sources:** Observations of a resident; Interviews with staff members; and a review of a resident's health care records.

- b) A resident was observed with two types of interventions in use. The health care records indicated the use of one of these interventions during an activity of daily living.

In interviews, staff and others reported this one intervention may no longer be required due to a change in condition.

**Sources:** Observations; Review of residents' health care records; and interviews with the Substitute Decision maker (SDM), and staff.

### **WRITTEN NOTIFICATION: PASDs that limit or inhibit movement**

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

#### **Non-compliance with: FLTCA, 2021, s. 36 (3)**

PASDs that limit or inhibit movement

s. 36 (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care.

A resident was observed using a PASD that was not included in the plan of care.

**Sources:** Observations; **Review of resident's chart, Kardex and care plan; and interviews with staff and others.** **WRITTEN NOTIFICATION: PASD approval**

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

**Non-compliance with: FLTCA, 2021, s. 36 (4) 3.**

PASDs that limit or inhibit movement

s. 36 (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:

3. The use of the PASD has been approved by,
  - i. a physician,
  - ii. a registered nurse,
  - iii. a registered practical nurse,
  - iv. a member of the College of Occupational Therapists of Ontario,
  - v. a member of the College of Physiotherapists of Ontario, or
  - vi. any other person provided for in the regulations.

During the inspection, residents were observed with various PASDs in use. A review of their health care records indicated PASD use but a written approval for their use was not obtained and documented.

**Sources:** Observations of residents; interview with a staff member; Review of the health care records of residents; and the home's policy titled, "Minimizing Restraints and PASDs".

### **WRITTEN NOTIFICATION: Family Council**

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

**Non-compliance with: FLTCA, 2021, s. 65 (6) 5.**

Family Council

s. 65 (6) The following persons may not be members of the Family Council:

5. Any other staff member.

A staff member was identified to be a member on the long-term care home's established Family Council.

**Sources:** Interviews with staff members.

### **WRITTEN NOTIFICATION: Training**

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

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**Non-compliance with: FLTCA, 2021, s. 82 (7) 6.**

Training

s. 82 (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

6. Any other areas provided for in the regulations.

a) Two staff members did not complete annual continence care and bowel management re-training for 2025.

**Sources:** Training record review for staff and interviews with staff.

b) In 2025, the annual re-training in the use of PASDs for two staff members was not completed.

**Sources:** Interviews with the Administrator and a staff member; and a review of provided training records.

## **WRITTEN NOTIFICATION: Continence care and bowel management**

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

**Non-compliance with: O. Reg. 246/22, s. 56 (1) 5.**

Continence care and bowel management

s. 56 (1) The continence care and bowel management program must, at a minimum, provide for the following:

5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

An annual evaluation of residents' satisfaction with the range of continence care

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products in consultation with residents, substitute decision-makers and direct care staff, had not been completed.

**Sources:** Review of the long-term care home's 2025 Resident and Family/Caregiver Experience Survey and interview with a staff member.

### **WRITTEN NOTIFICATION: Restraint Program Evaluation**

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

**Non-compliance with: O. Reg. 246/22, s. 122 (e)**

Evaluation

s. 122. Every licensee of a long-term care home shall ensure, (e) that a written record of everything provided for in clauses (a), (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes were implemented is promptly prepared.

A written record relating to evaluation of the home's restraint program, that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented, was not maintained.

**Sources:** Interview with Administrator; and review of homes' policy titled, "Minimizing Restraints and PASDs".



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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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