Ontario

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

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: November 26, 2025
Inspection Number: 2025-1532-0007
Inspection Type: Critical Incident
Licensee: The Corporation of the County of Renfrew
Long Term Care Home and City: Bonnechere Manor, Renfrew

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 20, 21, 24, 25, 26, 2025

The following intake(s) were inspected:

- Intake: #00162822 and Intake #00162883 - Related to an outbreak

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

Infection Prevention and Control

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: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

On a specific date, inspector noted an expired bottle of alcohol based hand rub on a resident unit. This was brought to the Resident Care Coordinator's attention, and the expired bottle was removed from the unit. As per the recommendations issued by the Chief Medical Officer of Health, expired alcohol based hand rub can not be in use.

Sources: Observations, interview with the Resident Care Coordinator.

Date Remedy Implemented: November 21, 2025

WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

On two different dates during the inspection, inspector observed signage on the entrance doors to two resident units directing those entering to use Alcohol Based Hand Rub (ABHR) prior to entering. No ABHR was available at either entrance or within close proximity to the entrances. Prior to the end of the inspection, inspector observed PPE carts had been placed at both entrances which contained ABHR.

Sources: Observations and interview with a Resident Care Coordinator.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

While conducting the inspection, inspector noted a personal protective equipment (PPE) cart outside a resident's room, but no signage indicating which enhanced Infection Prevention and Control (IPAC) measures were in place. When interviewed, a Personal Support Worker (PSW) stated they were unaware if the resident required additional precautions. A review of the resident's health records revealed staff are required to use additional contact precautions when providing direct care.

Sources: Resident health record, observations and interview with a PSW.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Re-educate the identified PSW staff on the appropriate selection and application of PPE when providing direct care to a resident on additional precautions.
B) Re-educate the identified staff members on the correct donning and use of a mask.
C) Conduct two audits of the above staff members engaged in the activity in which they were re-educated to ensure compliance.
D) Take immediate corrective action if deviations from the procedure are identified.
E) Maintain a written record of everything required under this compliance order from A-D, until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

A) On a specific date, inspector observed two PSW staff members exit a resident's room without the required PPE. When interviewed, neither PSW were aware of the PPE requirements when providing direct care to that specific resident.

Sources: Resident health records, observations, interviews with PSWs, a Registered Practical Nurse and a Resident Care Coordinator.

B) Throughout the course of the inspection, inspector observed three staff members wearing their masks incorrectly and one staff member not wearing a mask. The staff members were on resident units and within close proximity to multiple residents when observed.

Failure to ensure the appropriate selection and correct application of PPE equipment increases the risk of disease transmission.

Sources: Observations, interviews with staff members observed and a Resident Care Coordinator.

This order must be complied with by January 9, 2026

COMPLIANCE ORDER CO #002 Infection prevention and control program

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

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

The licensee shall:
A) Re-educate the identified PSW staff members on the hand hygiene program, specifically on providing assistance to residents with hand hygiene before meals and snacks.
B) Conduct two audits of the each above staff member during meal service to ensure compliance.
C) Take immediate corrective action if deviations from the procedure are identified.
D) Maintain a written record of everything required under this compliance order from A-C, until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

On a specific date, inspector observed the lunch meal service on a resident unit. Four residents were portered to the dining room and seven residents entered the dining room independently. One resident was observed performing hand hygiene prior to being served lunch. The remaining ten residents did not receive prompting to perform hand hygiene or physical assistance with hand hygiene by the PSWs providing the meal service. When interviewed, a Registered Practical Nurse (RPN) confirmed the staff have been directed to assist residents with hand hygiene prior to meal services.

Failure to assist residents with hand hygiene prior to meals puts the residents at an increased risk of disease transmission.

Sources: Observations and interview with a RPN.

This order must be complied with by January 9, 2026

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

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

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

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.