

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu  
de la Loi de 2007 sur les  
foyers de soins de longue  
durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159, rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

**Amended Public Copy/Copie modifiée du rapport public**

---

<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 01, 2021	2021_829757_0001 (A1)	023105-20, 023106-20	Follow up

---

**Licensee/Titulaire de permis**

Board of Management of the District of Kenora  
1220 Valley Drive Kenora ON P9N 2W7

---

**Long-Term Care Home/Foyer de soins de longue durée**

Pinecrest (Kenora)  
1220 Valley Drive Kenora ON P9N 2W7

---

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

Amended by JULIE KUORIKOSKI (621) - (A1)

**Amended Inspection Summary/Résumé de l'inspection modifié**

---

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu  
de la Loi de 2007 sur les  
foyers de soins de longue  
durée**

**Extension requested due to change over of new electronic medical record system. CDD extension granted to July 9, 2021.**

**Issued on this 1 st day of June, 2021 (A1)**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**

**Inspection Report under  
*the Long-Term Care  
Homes Act, 2007***

**Rapport d'inspection en vertu  
de la Loi de 2007 sur les  
foyers de soins de longue  
durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159, rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

**Amended Public Copy/Copie modifiée du rapport public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 01, 2021	2021_829757_0001 (A1)	023105-20, 023106-20	Follow up

**Licensee/Titulaire de permis**

Board of Management of the District of Kenora  
1220 Valley Drive Kenora ON P9N 2W7

**Long-Term Care Home/Foyer de soins de longue durée**

Pinecrest (Kenora)  
1220 Valley Drive Kenora ON P9N 2W7

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

Amended by JULIE KUORIKOSKI (621) - (A1)

**Amended Inspection Summary/Résumé de l'inspection**

**Inspection Report under  
*the Long-Term Care  
Homes Act, 2007*****Rapport d'inspection en vertu  
de la Loi de 2007 sur les  
foyers de soins de longue  
durée**

**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): January 11-14, 2021.**

**The following intakes were inspected during this follow-up inspection:**

**-Compliance order (CO) #001 from inspection #2020\_740621\_0021, issued pursuant to s. 49 (2) of Ontario Regulation (O. Reg.) 79/10, related to post-fall assessments.**

**-CO #002 from inspection #2020\_740621\_0021, issued pursuant to s. 54 of O. Reg. 79/10, related to steps being taken to minimize the risk of altercations and potentially harmful interactions between and among residents.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant DOC, Personal Support Workers (PSWs), and residents.**

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

**Falls Prevention  
Responsive Behaviours**

**During the course of the original inspection, Non-Compliances were issued.**

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**

Inspection Report under  
*the Long-Term Care  
Homes Act, 2007*

Rapport d'inspection en vertu  
de la Loi de 2007 sur les  
foyers de soins de longue  
durée

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 49. (2)	CO #001	2020_740621_0021	757

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.)</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 54. Altercations and other interactions between residents**

**Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,**

**(a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and**

**(b) identifying and implementing interventions. O. Reg. 79/10, s. 54.**

**Findings/Faits saillants :**

**Inspection Report under  
*the Long-Term Care  
Homes Act, 2007***

**Rapport d'inspection en vertu  
de la Loi de 2007 sur les  
foyers de soins de longue  
durée**

1. The licensee has failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between residents #003, #004, #005, and other residents, by identifying factors that could potentially have triggered such altercations; and by identifying and implementing interventions to mitigate the risk of such altercations.

Compliance order #002 related to O. Reg. 79/10, s. 54 from inspection #2020\_740621\_0021, issued on November 12, 2020, with a compliance due date of December 11, 2020, is being re-issued as follows:

The home developed a "Responsive Behaviour Management" program, which detailed documentation, assessments, and referrals, which were to be utilized for residents involved in resident-to-resident altercations or residents displaying escalated or new responsive behaviours. The program was designed to identify triggers for those behaviours, and implement effective interventions based on Psychogeriatric Resource Consultant (PRC) and staff input to address responsive behaviours and mitigate the risk of altercations. Residents #003, #004, and #005, had been involved in incidents involving an altercation or potentially harmful interaction between other residents. A review of the health records for each of these residents identified that the Responsive Behaviour Management program had not been utilized for any of the three residents.

While staff were able to identify behavioural triggers for each of these residents, no triggers had been identified in the plan of care for these residents. Each of these residents had previously been assessed by a PRC, and had received individualized recommendations for behavioural interventions; however, the recommended interventions had not been implemented or trialled for the residents.

Sources: Review of the care plans, PRC documentation, and progress notes for residents #003, #004, and #005; Review of the home's Responsive Behaviour Management program; and Interviews with the Director of Care (DOC), and other relevant staff members. [s. 54.]

***Additional Required Actions:***

**CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.**

**(A1)  
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été  
modifiés: CO# 001**

**Issued on this 1 st day of June, 2021 (A1)**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**



**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Long-Term Care Operations Division  
Long-Term Care Inspections Branch  
Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée

**Amended Public Copy/Copie modifiée du rapport public**

---

**Name of Inspector (ID #) /  
Nom de l'inspecteur (No) :** Amended by JULIE KUORIKOSKI (621) - (A1)

**Inspection No. /  
No de l'inspection :** 2021\_829757\_0001 (A1)

**Appeal/Dir# /  
Appel/Dir#:**

**Log No. /  
No de registre :** 023105-20, 023106-20 (A1)

**Type of Inspection /  
Genre d'inspection :** Follow up

**Report Date(s) /  
Date(s) du Rapport :** Jun 01, 2021(A1)

**Licensee /  
Titulaire de permis :** Board of Management of the District of Kenora  
1220 Valley Drive, Kenora, ON, P9N-2W7

**LTC Home /  
Foyer de SLD :** Pinecrest (Kenora)  
1220 Valley Drive, Kenora, ON, P9N-2W7

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** Kevin Queen

---

To Board of Management of the District of Kenora, you are hereby required to comply with the following order(s) by the date(s) set out below:

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

---

**Order # /**

**No d'ordre:** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**

2020\_740621\_0021, CO #002;

**Lien vers ordre existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 54. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and

(b) identifying and implementing interventions. O. Reg. 79/10, s. 54.

**Order / Ordre :**

**Order(s) of the Inspector**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must comply with s. 54 of O. Reg. 79/10.

Specifically, the licensee must:

- 1) Conduct documented care plan audits for all residents with responsive behaviours to identify any residents without responsive behaviour triggers clearly documented in their care plan. Where triggers have not been previously identified in a resident's care plan, conduct an interdisciplinary meeting, including front-line staff, to discuss and identify triggers which will be included in the resident's care plan. Document who attended each meeting, their role, and which triggers were identified.
- 2) Conduct reviews of the physical charts for all residents with responsive behaviours, identifying any Psychogeriatric Resource Consultant (PRC) reports. Where PRC reports are identified, review the recommendations. For each recommendation take one of the following actions: document that the intervention will be trialled for effectiveness and included in the resident's care plan; document that the intervention had already been implemented; or document that the intervention will not be implemented, providing an explanation of why it would not be appropriate for the resident and document a statement indicating that PRC was consulted for this decision.
- 3) Where new interventions are trialled for residents, conduct an interdisciplinary meeting, including front-line staff, after two to four weeks to determine the effectiveness of each intervention. Document who attended the meeting, their role, and the outcome of the meeting.

**Grounds / Motifs :**

1. The licensee has failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between residents #003, #004, #005, and other residents, by identifying factors that could potentially have triggered such altercations; and by identifying and implementing interventions to mitigate the risk of such altercations.

Compliance order #002 related to O. Reg. 79/10, s. 54 from inspection #2020\_740621\_0021, issued on November 12, 2020, with a compliance due date of December 11, 2020, is being re-issued as follows:

**Order(s) of the Inspector**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The home developed a "Responsive Behaviour Management" program, which detailed documentation, assessments, and referrals, which were to be utilized for residents involved in resident-to-resident altercations or residents displaying escalated or new responsive behaviours. The program was designed to identify triggers for those behaviours, and implement effective interventions based on Psychogeriatric Resource Consultant (PRC) and staff input to address responsive behaviours and mitigate the risk of altercations. Residents #003, #004, and #005, had been involved in incidents involving an altercation or potentially harmful interaction between other residents. A review of the health records for each of these residents identified that the Responsive Behaviour Management program had not been utilized for any of the three residents.

While staff were able to identify behavioural triggers for each of these residents, no triggers had been identified in the plan of care for these residents. Each of these residents had previously been assessed by a PRC, and had received individualized recommendations for behavioural interventions; however, the recommended interventions had not been implemented or trialled for the residents.

Sources: Review of the care plans, PRC documentation, and progress notes for residents #003, #004, and #005; Review of the home's Responsive Behaviour Management program; and Interviews with the Director of Care (DOC), and other relevant staff members.

An order was made by taking the following factors into account:

**Severity:** There was minimal risk to residents as triggers for responsive behaviours had not been identified, and interventions for managing responsive behaviours recommended by PRC had not been implemented, leading to risk for altercations between residents.

**Scope:** The scope of the issue was widespread as three out of three residents inspected did not have triggers identified or PRC recommended interventions implemented.

**Compliance History:** The licensee continues to be in non-compliance with s. 54 or O. Reg. 79/10, resulting in a compliance order (CO) being re-issued. CO #002 was

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

issued on November 12, 2020 (inspection report #2020\_740621\_0021) with a  
compliance due date of December 11, 2020. In the past 36 months, the licensee also  
had a written notification issued under this section of the regulations. (757)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Jul 09, 2021(A1)

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
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  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 1 st day of June, 2021 (A1)**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :**

Amended by JULIE KUORIKOSKI (621) - (A1)

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
Care Homes Act, 2007*, S.O.  
2007, c. 8

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de  
l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

**Service Area Office /  
Bureau régional de services :**

Sudbury Service Area Office