

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 12, 2025

Inspection Number: 2025-1574-0001

Inspection Type:

Critical Incident

Licensee: Board of Management of the District of Kenora

Long Term Care Home and City: Pinecrest (Kenora), Kenora

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 11, 12, 2025

The following intake(s) were inspected:

- An intake related to alleged physical abuse of a resident by a staff member.

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Accommodation services

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

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s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee failed to ensure that home's ceiling tiles and decal furnishings were maintained and in a good state of repair.

Multiple ceiling tiles throughout the home's locked unit were observed to be missing or damaged; and decal furnishings on two doors were observed to be damaged and appeared to have been partially peeled off.

Sources: Observations; and an interview with Environmental Services Manager (ESM).

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee had failed to protect a resident from physical abuse by a Personal Support Worker (PSW).

Sources: A Critical Incident report; Review of a resident's progress notes; Review of a resident's medical chart; Review of a PSW's employee file; and Interviews with staff and Administrator.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a PSW had immediately reported the suspicion, and the information upon which it was based, to the Director of physical abuse to a resident by a PSW.

Sources: Review of a CI file; Review of a resident's progress notes; Review of a home policy for Zero Tolerance of Abuse and Neglect; and an interview with the Administrator.

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