

**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:** June 11, 2025

**Inspection Number:** 2025-1574-0002

**Inspection Type:**

Proactive Compliance Inspection

**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): May 26, 27, 28, 29, 2025

The inspection occurred offsite on the following date(s): June 2, 3, 4, 5, 2025

The following intake(s) were inspected:

- Intake: #00148060 - Proactive Compliance Inspection

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

Food, Nutrition and Hydration  
Medication Management  
Safe and Secure Home  
Quality Improvement  
Pain Management  
Restraints/Personal Assistance Services Devices (PASD) Management  
Skin and Wound Prevention and Management  
Resident Care and Support Services  
Residents' and Family Councils  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Staffing, Training and Care Standards  
Residents' Rights and Choices

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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 (1) (c)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that the written care plan for a resident sets out clear directions to staff and others who provide direct care to the resident, specifically for pain management.

Sources: Resident's health records, Pain Management Protocol, interviews with Registered Practical Nurses (RPN) and the Director of Care (DOC).

Date Remedy Implemented: May 29, 2025

### WRITTEN NOTIFICATION: Plan of Care

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

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

Plan of care

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s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care as set out in the plan of care was provided to a resident as specified in the plan when they did not receive their required meal options at lunch.

Sources: Observations and a review of a resident's plan of care.

## WRITTEN NOTIFICATION: Windows

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

**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents cannot be opened more than 15 centimetres. On May 27, 2025, an inspector observed that the left window in a resident's room on the upper level opened 35 centimetres.

Sources: Observation, interview with Environmental Service Supervisor (ESS)

## WRITTEN NOTIFICATION: Menu Planning

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

**Non-compliance with: O. Reg. 246/22, s. 77 (5)**

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and

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available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that the planned menu items were offered and available at the lunch meal on May 27, 2025.

Sources: Observations and review of the Therapeutic Sheet.

## **WRITTEN NOTIFICATION: Food Production**

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

**Non-compliance with: O. Reg. 246/22, s. 78 (2) (c)**

Food production

s. 78 (2) The food production system must, at a minimum, provide for,  
(c) standardized recipes and production sheets for all menus;

The licensee has failed to ensure that the food production system provided for production sheets for all menus.

Source: Interview with the Nutrition Manager.

## **WRITTEN NOTIFICATION: Food Production**

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

**Non-compliance with: O. Reg. 246/22, s. 78 (2) (e)**

Food production

s. 78 (2) The food production system must, at a minimum, provide for,  
(e) menu substitutions that have similar nutritional value;

The licensee has failed to ensure that the menu substitution for the pureed bread with cheese sauce had a similar nutritional value.

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Sources: Observations and review of the Therapeutic Sheet.

## **WRITTEN NOTIFICATION: Dining and Snack Service**

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

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 1.**

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.

The licensee has failed to ensure the the daily menu was communicated to residents on a texture modified diet.

Sources: Review of the posted menu and interview with the Nutrition Manager.

## **WRITTEN NOTIFICATION: Dining and Snack Service**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.**

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

The licensee has failed to ensure that dining service included course by course service of meals for each resident, unless otherwise indicated, when several residents were served soup and their entrees at the same time. A resident was eating their entree when dessert was served.

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Sources: Observations and review of residents' plans of care.

## **WRITTEN NOTIFICATION: Prohibited Devices that Limit Movement**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 121 6.**

Prohibited devices that limit movement

s. 121. For the purposes of section 38 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:

6. Any device that cannot be immediately released by staff.

The licensee has failed to ensure that a resident's restraint was immediately releasable by staff.

Sources: Observations.

## **WRITTEN NOTIFICATION: Construction, renovation, etc., of homes**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 356 (3) 2.**

Construction, renovation, etc., of homes

s. 356 (3) A licensee may not commence any of the following work without first receiving the approval of the Director:

2. Other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents.

The licensee has failed to get approval from the Director to commence the roof repair which may have affected residents in the North and Northeast wings of unit

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one and two. The cooling unit needed to be removed from the roof for the repairs, residents in the North and Northeast wings of unit one and two didn't have air conditioning in their rooms.

Sources: interview with Environmental Service Supervisor (ESS) and Administrator

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