

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: May 6, 2025

Inspection Number: 2025-1575-0004

Inspection Type:

Proactive Compliance Inspection

Licensee: The District Municipality of Muskoka

Long Term Care Home and City: The Pines, Bracebridge

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 28-30, May 1-2, and 5-6, 2025.

The following intake(s) were inspected:

- One intake related to a Proactive Compliance Inspection.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Residents' and Family Councils
Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and Wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated.

The licensee has failed to ensure that two residents pressure ulcers were reassessed at least weekly by registered staff.

Sources: Two residents' health care records; the home's policy titled; and, interviews with staff.

WRITTEN NOTIFICATION: Quality Improvement Report

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

Non-compliance with: O. Reg. 246/22, s. 168 (2)

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,
 - i. the date the survey required under section 43 of the Act was taken during the fiscal year,
 - ii. the results of the survey taken during the fiscal year under section 43 of the Act,

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and

iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

6. A written record of,

i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,

iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,

iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and

v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the report on the continuous quality improvement initiative for the home included the required information. The report did not include the dates of the resident satisfaction survey, the results of the survey, or the actions taken as a result of the survey.

Sources: Resident and Family Survey, 2024; Quality Improvement Report; The Pines Annual Work Plan, 2025; and interviews with staff.

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