

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: December 9, 2025

Inspection Number: 2025-1575-0007

Inspection Type:

Complaint

Critical Incident

Licensee: The District Municipality of Muskoka

Long Term Care Home and City: The Pines, Bracebridge

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: December 1 to 5, 2025

The following intakes were inspected:

- ▢ One intake regarding an Infectious Disease Outbreak
- ▢ One complaint regarding care concerns of a resident
- ▢ One intake regarding neglect of a resident by staff

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

Contenance Care
Resident Care and Support Services
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)

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Non-compliance with: FLTCA, 2021, s. 6 (1) (a)

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,
(a) the planned care for the resident

On admission, a resident was identified as having specific personal care needs. While staff had implemented those needs, they were not documented in the resident's plan of care.

During the inspection, the plan of care was revised to include the interventions that had been implemented to meet the resident's personal care requirements.

Sources: Review of a resident's electronic health record; and interviews with an Assistant Director of Care (ADOC), the Director of Care (DOC) and a staff member.

Date Remedy Implemented: December 3, 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 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

On identified dates, staff provided assistance to a resident with a specific activity of daily living; however there was no corresponding documentation in the electronic health record to reflect this. Furthermore, the record lacked documentation on multiple dates regarding another intervention implemented for the resident.

Sources: A resident's electronic health record and video surveillance footage; and an interview with the DOC.

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

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

Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (ii)

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(ii) neglect of a resident by the licensee or staff.

On a specific date, after learning of allegations of neglect involving a resident, a registered staff did not initiate the required investigation, resulting in the home's investigation to be delayed until the following day.

Sources: Critical Incident Submission (CIS) report, the home's policies regarding zero tolerance of abuse and neglect and responding and reporting abuse and neglect; and interviews with an ADOC and the DOC.

WRITTEN NOTIFICATION: Reporting certain matters to the Director

NC #004 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.

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On a specific date, after becoming aware of allegations of neglect involving resident, a registered staff did not immediately notify the Director, resulting in a one-day delay in reporting.

Sources: CIS report and the home's policy regarding responding and reporting abuse and neglect: and interviews with an ADOC and the DOC.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2)

Residents exhibiting symptoms of an infectious disease did not have their symptoms monitored on every shift. Specifically, monitoring was missed on multiple dates across several shifts for three residents.

Sources: Electronic health records of three residents and the home's outbreak management document; and an interview with the IPAC Lead (IPAC).

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)

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Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts.

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

The licensee shall:

a) Train all registered nursing staff on:

- when to implement isolation measures
- how to report suspected or confirmed outbreaks to the local Public Health Unit, as outlined in the home's outbreak management protocol.

b) Review with all registered nursing staff the requirements for monitoring residents who show signs of infection. At a minimum, this includes recording symptoms (or absence of symptoms) every shift.

c) Keep a written record of the training in sections a) and b), including dates and names of participants.

d) Create a documented process to monitor compliance with sections a) and b). This process should explain how to identify and correct any gaps.

Grounds

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies and protocols were developed for the outbreak management system and that they were complied with.

Rationale and Summary

On a specific date, identified residents exhibited symptoms of an infection. The staff did not implement the home's outbreak management protocol to contain the spread until the following day, by which time several additional residents had developed symptoms.

When the home did not take the required measures to contain the symptoms of

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infection in the identified residents, other residents were placed at risk.

Sources: Electronic health records for identified residents and the home's outbreak management document; and an interview with the IPAC Lead.

This order must be complied with by February 20, 2026

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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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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

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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.



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

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