

**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

<b>Original Public Report</b>	
<b>Report Issue Date:</b> February 21, 2023	
<b>Inspection Number:</b> 2022-1576-0002	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> City of Greater Sudbury	
<b>Long Term Care Home and City:</b> Pioneer Manor, Sudbury	
<b>Lead Inspector</b> Amanda Belanger (736)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Sylvie Byrnes (627)	
Inspector Vikki Larocque (000699) also attended the inspection during orientation.	

<b>INSPECTION SUMMARY</b>
The Inspection occurred on the following date(s): December 5-9, and December 12-14, 2022.
The following intake(s) were inspected: <ul style="list-style-type: none"> <li>Intake #00014906- PCI Inspection</li> </ul>

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

- Medication Management
- Residents' and Family Councils
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Residents' Rights and Choices
- Pain Management
- Infection Prevention and Control
- Resident Care and Support Services
- Falls Prevention and Management
- Skin and Wound Prevention and Management

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Prevention of Abuse and Neglect  
Safe and Secure Home  
Quality Improvement

## 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)**

O.Reg. 246/22, s. 19

The licensee had failed to ensure that every window in the home that opened to the outdoors and was accessible to residents had a screen and could not be opened more than 15 centimeters.

#### **Rational and Summary**

Inspectors noted that the windows in two resident rooms opened 33 centimeters (cm). The ESM (Environmental Service Manager) confirmed that the windows opened beyond 15 cm due to the stoppers (screws) being removed to accommodate air conditioning units. During the inspection, the ESM followed up with the Inspector and indicated that the screws to prevent the windows from opening beyond 15 cm had been reinstalled.

It was verified by the Inspectors that the windows opened 11.4 cm after the screws were re-installed.

There was low risk to residents, as the windows were closed, and difficult to open. There were no exit seeking residents noted in the general area of the windows that opened greater than 15 cm.

**Sources:** Observations in resident rooms, interview with ESM.

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Date Remedy Implemented: December 6, 2022

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## WRITTEN NOTIFICATION: CMOH and MOH

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

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that the operational or policy directives issued that applied to long term care were complied with, related to audits, and universal masking.

#### Rationale and Summary

a) The Minister's Directive and COVID-19 Guidance Document for Long-Term Care homes in Ontario indicated that homes were to complete the Public Health Ontario (PHO) self assessment every other week when not in outbreak, at a minimum.

The Infection Prevention and Control (IPAC) lead indicated that the home was doing an internal audit, however, it was not the PHO audit; as they thought that the PHO audit was not required.

The home's internal audit did not include the Front Entrance audit tools, Elevator areas, or the administrative areas. The IPAC lead confirmed that the self assessment the home was completing did not have all the same areas and questions as the PHO assessment.

**Sources:** Minister's Directive; PHO self assessment audit; and, interview with the IPAC lead.

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b) Minister's Directive: COVID-19, effective August 30, 2022, directed the homes to ensure that all staff and visitors wore a well-fitted medical mask for the entire duration of their shift/visit, while indoors, regardless of their COVID-19 vaccination status.

The Inspector observed a Food Services Worker (FSW) in the a dining room with a mask not covering their mouth and nose while preparing food in a resident care area.

In an interview with the IPAC lead, they indicated that staff are to wear a mask at all times in resident care areas, that cover their mouth and nose, including while preparing food in resident care areas. The IPAC lead also indicated that the home was doing on the spot education if staff were observed incorrectly wearing their masks.

**Sources:** Inspector observations; Minister's Directives; interview with the FSW and the IPAC lead.

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## WRITTEN NOTIFICATION: Hand Hygiene

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.  
Non-compliance with: O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the hand hygiene program was implemented within the home, in accordance with the Infection Prevention and Control (IPAC) standards.

### Rationale and Summary

The Inspectors observed a breakfast and lunch meal services where residents were not offered or assisted with hand hygiene. The IPAC lead stated that residents should be encouraged and assisted with hand hygiene prior to entering the dining room for their meals.

The lack of assistance for hand hygiene prior to meals caused a moderate risk to the resident as the home was not in outbreak during the inspection.

**Sources:** Inspectors' observations for two meal services on two separate areas; record review, IPAC Standard, for Long-Term Care Homes, dated April 2022, licensee's hand hygiene policy; interviews with a FSW, PSWs, a RPN and the IPAC lead.

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