

**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

**Original Public Report**

<b>Report Issue Date:</b> January 11, 2024	
<b>Inspection Number:</b> 2023-1576-0005	
<b>Inspection Type:</b> Complaint Critical Incident	
<b>Licensee:</b> City of Greater Sudbury	
<b>Long Term Care Home and City:</b> Pioneer Manor, Sudbury	
<b>Lead Inspector</b> Sylvie Byrnes (627)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Lisa Moore (613)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): November 20-24, 2023  
The inspection occurred offsite on the following date(s): November 30, 2023

The following intake(s) were inspected:

- One intake related to a medication incident;
- One intake related to improper/incompetent care of a resident;
- One intake related to a choking incident;
- One intake related to a covid-19 outbreak;
- One complaint related to a medication incident,; and,
- One complaint related to an admission refusal.

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

Resident Care and Support Services  
Medication Management  
Food, Nutrition and Hydration  
Infection Prevention and Control  
Admission, Absences and Discharge

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Admission of Residents

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

**Non-compliance with: FLTCA, 2021, s. 51 (7)**

Authorization for admission to a home

Licensee consideration and approval

s. 51 (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 50 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements;

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval.

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The licensee has failed to approve an applicant's admission to the home unless: the home lacked the physical facilities necessary to meet the applicant's care requirements; the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements; or circumstances existed which were provided for in the regulations as being grounds for withholding approval.

**Rationale and Summary**

An applicant was denied acceptance for admission to the home related to responsive behaviours. Documentation identified that the applicant had not demonstrated the specific responsive behaviours in over a year and that support was available to the home to assist if the applicant exhibited responsive behaviours when admitted.

There was minimal impact to the applicant or residents.

**Sources:** Interviews with the Manager of Therapeutic Services, Coordinator of intake and Resident relations, BSO lead, a Physician; Record review of the information packages provided by the Care Coordinator, including RAI-HCs, behavioural assessments, consult notes, progress notes and communication logs. [627]

**WRITTEN NOTIFICATION: Transferring and Positioning Techniques**

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

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

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The licensee has failed to ensure that a Personal Support Worker (PSW) used safe transferring techniques when they assisted a resident.

**Rationale and Summary**

A PSW transferred a resident independently when the resident's written care plan identified another method of transfer which caused the resident to sustain an injury.

The improper transfer resulted in moderate harm to the resident.

**Sources:** Critical Incident System (CIS) report; a resident's health care record including progress notes, minimum data set and care plan; investigation file; Minimal Lift Program policy and interviews with a PSW, a Resident Care Coordinator and Assistant Director of Care[613]

**WRITTEN NOTIFICATION: Falls Prevention and Management**

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

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to comply with the home's fall prevention and management program when a resident had a fall.

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In accordance with Ontario Regulation (O.Reg.) 246/22 section (s.) 11 (b), the licensee is required to ensure that there is a fall prevention and management program and must be complied with.

Specifically, the home did not comply with the policy, "Falls and Fall Related Injuries: Assessment, Reduction and Management", last updated June 27, 2023, which was part of the fall prevention and management program.

**Rationale and Summary**

A resident had a fall which resulted in an injury to the resident. The resident was moved prior to receiving a full assessment from a registered staff member.

The home's policy titled, "Falls and Fall Related Injuries: Assessment, Reduction and Management", indicated that the resident was to remain where the fall occurred until assessed by a registered staff member.

The RN confirmed that the PSWs had not followed the licensee's policy when they moved the resident prior to them receiving a full assessment from the registered staff member.

There was moderate harm to the resident.

**Sources:** CIS report; A resident's health care record; Falls and Fall related Injuries: Assessment, Reduction & Management policy; and interviews with a PSW and a RN. [613]

**COMPLIANCE ORDER CO #001 Maintenance services**

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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**Non-compliance with: O. Reg. 246/22, s. 96 (2) (a)**

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

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

The license shall:

- Develop a process to ensure that all necessary equipment is checked weekly and functional at all times;
- Perform weekly audits to ensure that the necessary equipment is checked and maintained in good working order, for a minimum of one month, or longer if deficiencies are identified through the auditing process. Implement corrective action to address any deficiencies as required. ; and,
- Documentation of the audits and corrective action, including the person completing the audit, must be maintained.

**Grounds**

The licensee has failed to ensure that procedures were developed and implemented to ensure that electrical equipment is kept in good repair and maintained and cleaned at a level that meets manufacturer specifications, at a minimum.

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**Rationale and Summary**

A resident had an incident where necessary equipment was not available to assist them.

There was high risk to the residents when the necessary equipment was not available.

**Sources:**

Interviews with RPNs, a RN, a Resident Care Coordinator and the Manager of Resident Care; Record review of a resident's medical records and the home's policy titled, "Personal Care re Suctioning". [627]

**This order must be complied with by**

February 22, 2024

**COMPLIANCE ORDER CO #002 Administration of drugs**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 140 (1)**

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

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

The licensee shall:

- Develop and implement a process to ensure that high risk medications are easily identifiable to registered staff administering medications to the residents;
- Develop and implement a process to ensure that staff members administering medications are aware of the appropriate actions to take if they become distracted when administering medications;
- Perform weekly audits to ensure that the above developed processes are complied with for a minimum of one month, or longer if deficiencies are identified through the auditing process. Implement corrective action to address any deficiencies as required; and,
- Documentation of the audits and corrective action, including the person completing the audit, must be maintained.

**Grounds**

The licensee has failed to ensure that no drug was administered to a resident, unless the drug had been prescribed for them.

**Rationale and Summary**

A resident was administered a medication that was not prescribed for them, in error.



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There was high risk of harm when the resident received a medication that was not prescribed for them.

**Sources:**

Interviews with an RPN, Manager of Resident Care; record review of resident's electronic medication administration record, CIS report, home's policy titled, "Medication administration", a resident's progress notes. [627]

**This order must be complied with by**

February 22, 2024

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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

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:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).