Ontario

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

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 9, 2025

Inspection Number: 2025-1576-0003

Inspection Type:
Complaint
Critical Incident

Licensee: City of Greater Sudbury

Long Term Care Home and City: Pioneer Manor, Sudbury

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 26-30, 2025.
The inspection occurred offsite on the following date(s): June 2, 2025

The following intake(s) were inspected:
- Two intakes regarding resident to resident physical abuse;
- Two intakes regarding complaints submitted to the Director related to resident care;
- One intake regarding an injury of unknown cause;
- One intake regarding staff to resident abuse;
- One intake regarding the fall of a resident that resulted in a significant change in status; and,
- One intake regarding concerns submitted to the Director regarding cleaning process.

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

Resident Care and Support Services
Safe and Secure Home
Prevention of Abuse and Neglect

Responsive Behaviours
Pain Management
Falls Prevention and Management

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 (5)
Plan of care
s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that the resident's Substitute Decision-Maker (SDM) fully participated in the implementation of the resident's plan of care.

Sources: The home's policy, resident's healthcare records, the home's internal investigation, interview with staff.

Date Remedy Implemented: December 30, 2024

WRITTEN NOTIFICATION: Plan of Care

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

The licensee has failed to ensure that the plan of care for a resident provided clear direction to staff related to care being provided.

The plan of care for the resident directed staff to provide care at different intervals of time that were not consistent. The resident's progress notes had provided various directions to staff, and there was no mention of the care in the care plan that PSW staff would have referenced.

Sources: The resident's care plan and progress notes; observations of the resident;, and, interviews with staff.

WRITTEN NOTIFICATION: Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (2)
Plan of care
s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that a resident's plan of care was based on assessments of the resident and on the needs and preferences of the resident.

Sources: The resident's progress notes, care plan, and assessments; licensee policy; and, interviews with staff.

WRITTEN NOTIFICATION: Duty to Protect

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from physical abuse by a staff member.

Source: The resident's progress notes; internal investigation notes; staff file; and, interviews with staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #005 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.

The licensee has failed to ensure that allegations of staff to resident abuse were immediately reported to the Director.

Sources: Residents' progress notes; internal investigation notes; CI report; licensee policy; and, interviews with staff.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff, including various doors on different home areas.

Sources: Inspector observations; the home's policy; and interviews with staff.

WRITTEN NOTIFICATION: Continence Program

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

Non-compliance with: O. Reg. 246/22, s. 56 (1)

Continence care and bowel management

s. 56 (1) The continence care and bowel management program must, at a minimum, provide for the following:

1. Treatments and interventions to promote continence.

2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols.

3. Toileting programs, including protocols for bowel management.

4. Strategies to maximize residents' independence, comfort and dignity, including equipment, supplies, devices and assistive aids.

5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

The licensee has failed to ensure that the Continence Program was implemented in the home.

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

The home's policy for continence indicated that staff were to complete assessments quarterly, however, there was no evidence to support that the assessments were taking place.

Sources: The resident's progress notes, care plans, and assessments; licensee policies; and, interviews with staff.

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (i)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces.

The licensee has failed to ensure that staff followed the home’s procedure for cleaning, as indicated in the home’s policy.

Sources: Home's policy; and interviews with staff.

WRITTEN NOTIFICATION: Management of Complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (2)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint;

(b) the date the complaint was received;

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(d) the final resolution, if any;

(e) every date on which any response was provided to the complainant and a description of the response; and

(f) any response made in turn by the complainant.

The licensee has failed to ensure that a documented record was kept in the home that included the required information when a verbal complaint was made related to the care of a resident.

Sources: The resident's progress notes; licensee policy; and, interviews with staff.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

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

Non-compliance with: O. Reg. 246/22, s. 147 (1) (a)

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health.

The licensee has failed to ensure that a medication incident involving a resident was documented, together with a record of the immediate actions taken to assess and maintain the resident's health.

Sources: The resident's healthcare records, the home's policy, and interviews with staff.

COMPLIANCE ORDER CO #001 Pain Management

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 57 (1)
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.
2. Strategies to manage pain, including non-pharmacologic interventions,

equipment, supplies, devices and assistive aids.
3. Comfort care measures.
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
a) conduct a documented review of the Pain Program to determine which assessments are to be completed, when and by whom;
b) develop and implement a process in the home to ensure that pain assessments are conducted as outlined in the policies; and,
c) maintain documentation to support actions identified in a) and b).

Grounds

The licensee has failed to ensure that the Pain Program was implemented in the home.

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

The home's policy for pain directed staff to complete a pain assessment quarterly and with significant change, however, it was determined that the pain assessment tool referenced in the home's policy had discontinued in 2021. A specific number of residents were noted to have pain concerns, however, none of these residents had a pain assessment documented in their assessments. Progress notes indicated that the initial pain interventions, were not effective at times, however, there was no further documentation to indicate that any actions or assessments were taken.

Sources: Residents progress notes, care plans, and assessments; licensee policies; and, interviews with staff

This order must be complied with by July 4, 2025

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

North District
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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

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.