

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

<b>Report Issue Date:</b> February 27, 2026
<b>Inspection Number:</b> 2026-1576-0001
<b>Inspection Type:</b> Critical Incident Follow up
<b>Licensee:</b> City of Greater Sudbury
<b>Long Term Care Home and City:</b> Pioneer Manor, Sudbury

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 23 - 27, 2026

The following intake(s) were inspected:

- One intake related to duty to protect,
- One intake related to pain management,
- One intake related to collaboration required for plan of care development,
- Two intakes related to neglect of a resident by staff, and
- Two intakes related to infection prevention and control.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

- Order #001 from Inspection #2025-1576-0005 related to FLTCA, 2021, s. 24 (1)
- Order #002 from Inspection #2025-1576-0006 related to O. Reg. 246/22, s. 57 (1) 4.
- Order #001 from Inspection #2025-1576-0006 related to FLTCA, 2021, s. 6 (4) (a)

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

- Resident Care and Support Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (4) (b)**

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

A Personal Support Worker (PSW) did not communicate pertinent resident information to incoming staff, which resulted in the resident receiving delayed care.

**Sources:** Resident health records; and interviews.

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

On a specified date, a PSW did not provide care to a resident as per the resident's plan of care.

**Sources:** Critical Incident (CI) report; resident health records; and interviews.

### WRITTEN NOTIFICATION: Reporting and complaints

NC #003 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

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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.

Staff did not immediately report suspected neglect to the Director on a specified date following an incident.

**Sources:** CI report; resident health records; and an interview.



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

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