

**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> May 17, 2024	
<b>Inspection Number:</b> 2024-1603-0002	
<b>Inspection Type:</b> Critical Incident Follow up	
<b>Licensee:</b> Board of Management of the District of Kenora	
<b>Long Term Care Home and City:</b> Princess Court, Dryden	
<b>Lead Inspector</b> Lauren Tenhunen (196)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Jessamyn Spidel (000697)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following dates: April 22 - 25, 2024, and off site on May 2, 2024.

The following intakes were inspected:

- One intake related to a resident fall with injury;
- One intake related to an incident that caused a resident injury;
- One intake related to an incident of alleged sexual abuse of a resident by another resident; and
- One Intake for a Follow-up to Compliance Order #001, inspection #2024-1603-0001- O. Reg. 246/22 - s. 19.

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## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1603-0001 related to O. Reg. 246/22, s. 19 inspected by Jessamyn Spidel (000697)

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

- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

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The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.

Specifically, the home's policy required that staff immediately report any allegation or suspicion of abuse by anyone, and required the home to conduct an internal investigation into the incident.

**Rationale and Summary**

A resident demonstrated inappropriate behaviour towards another resident.

These incidents were witnessed by staff, but not reported as per the home's process.

An interview with the DOC confirmed they were not made aware of the incidents, and should have been made aware.

There was moderate risk identified when the home had not complied with their policy to promote zero tolerance for abuse.

**Sources:** Two resident's progress notes; Home policy for Zero Tolerance of Abuse and Neglect (last reviewed 10/23); and Interviews with DOC and staff. [000697]

**WRITTEN NOTIFICATION: Windows**

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

**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the

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home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

**Rationale and Summary**

On April 22, 2024, a window in a resident's room was observed opening in excess of 15 centimetres.

The Environmental Services Manager (ESM) was further observed measuring multiple windows including windows in resident rooms and in an activity room, and confirmed multiple windows were opening over 15 centimetres.

There was minimal risk associated with the windows opening in excess of a few centimetres, and no impact was identified to residents.

**Sources:** Observations; Interviews with the Administrator and ESM. [000697]

**WRITTEN NOTIFICATION: Therapy Services**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 65 (a)**

Therapy services

s. 65. Every licensee of a long-term care home shall ensure that therapy services for residents of the home are arranged or provided under section 13 of the Act that include,

(a) on-site physiotherapy provided to residents on an individualized basis or in a

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group setting based on residents' assessed care needs; and

The licensee has failed to ensure that on-site physiotherapy was provided under section 13 of the Act, for a resident.

A resident returned from hospital after sustaining a significant injury and they were not provided with an on-site physiotherapy assessment.

The physiotherapy assessment record dated a week after return from the hospital, indicated the resident was assessed virtually by the Physiotherapist (PT) with the Physiotherapist Assistant (PTA) present.

The DOC confirmed that there was no PT working on-site at the home in that specific month as identified in the list of therapy hours provided by the agency.

This posed a moderate risk to this resident as the home did not have on-site therapy services to meet this residents' needs.

**Sources:** Review of a resident's health care records; list of the PT and PTA hours for a specific month; and interviews with staff and the DOC.[196]