

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: January 9, 2025
Inspection Number: 2024-1614-0003
Inspection Type: Complaint Critical Incident Follow up
Licensee: Corporation of the Town of Kirkland Lake
Long Term Care Home and City: Teck Pioneer Residence, Kirkland Lake

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):

December 16-19, 2024.

The following intake(s) were inspected:

- Intake: Related to an Outbreak.
- Intake: Follow-up #: 2 - FLTCA, 2021 - s. 23 (4)
- Intake: Follow-up #: 2 - O. Reg. 246/22 - s. 115
- Intake: Follow-up #: 2 - O. Reg. 246/22 - s. 123 (2)
- Intake: Follow-up #: 2 - O. Reg. 246/22 - s. 140 (2)
- Intake: Complaint concerns related to care of a resident.

Previously Issued Compliance Order(s)

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

Order #003 from Inspection #2024-1614-0001 related to FLTCA, 2021, s. 23 (4)

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Order #004 from Inspection #2024-1614-0001 related to O. Reg. 246/22, s. 115
Order #005 from Inspection #2024-1614-0001 related to O. Reg. 246/22, s. 123 (2)
Order #006 from Inspection #2024-1614-0001 related to O. Reg. 246/22, s. 140 (2)

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

- Skin and Wound Prevention and Management
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Reporting and Complaints
- 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 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's care plan which stated that a

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personal care process was to be completed, was reviewed and revised.

Sources: observations completed; a resident's care plan; interview with a specific staff member, and other staff.

Date Remedy Implemented: December 19, 2024.

WRITTEN NOTIFICATION: Orientation/ Initial Training

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

Non-compliance with: O. Reg. 246/22, s. 259 (1) 2.

Orientation

s. 259 (1) For the purposes of paragraph 11 of subsection 82 (2) of the Act, the following are additional areas in which training shall be provided:

2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.

The licensee has failed to ensure that the staff were trained on the use of a resident's specific assistive aid.

Sources: instructions for the specific assistive aid; nursing staff, and other staff.

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