

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: July 30, 2025

Inspection Number: 2025-1532-0003

Inspection Type:

Proactive Compliance Inspection

Licensee: The Corporation of the County of Renfrew

Long Term Care Home and City: Bonnechere Manor, Renfrew

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 14, 15, 16, 17, 23, 24, 25, 28, 29, 30, 2025

The following intake(s) were inspected:

- Intake: #00152535 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Safe and Secure Home
Infection Prevention and Control
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices

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Pain 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 plan of care is revised when the resident's care needs change or care set out in the plan is no longer necessary. On a specific date, the inspector observed a Personal Support Worker (PSW) assist a resident with lunch. The resident was not provided the assistive devices included in the resident's plan of care. When interviewed, a Food Service Worker stated the resident no longer uses the assistive devices because a PSW now provides assistance with meals. The following day, the inspector noted the plan of care had been revised and the assistive devices listed were removed.

Sources: Resident health record, observations and interview with a Food Service

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Worker.

WRITTEN NOTIFICATION: Doors

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

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

Doors in a home

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

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,

The licensee has failed to ensure all doors that residents do not have access to must be kept closed and locked.

On a specific date, the inspector observed a tub room door on a resident unit was not closed and locked. Inside the tub room the inspector noted supplies that when left unattended are potentially harmful to residents.

Sources: Observation and an interview with a Personal Support Worker.