



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Public Copy/Copie du public

| Report Date(s) / Date(s) du apport | Inspection No / No de l'inspection | Log # / Registre no | Type of Inspection / Genre d'inspection |
|---|---|--------------------------------|--|
| Sep 16, 2015 | 2015_391603_0025 | 004842-15, 000036-15 | Complaint |

Licensee/Titulaire de permis

THE CITY OF GREATER SUDBURY
200 Brady Street PO Box 5000 Stn A SUDBURY ON P3A 5P3

Long-Term Care Home/Foyer de soins de longue durée

PIONEER MANOR
960 NOTRE DAME AVENUE SUDBURY ON P3A 2T4

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

SYLVIE LAVICTOIRE (603)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 24-26, 2015

During the course of inspection, the Inspector reviewed residents' health care records, reviewed various policies, procedures, and programs, conducted daily walk-through of the home, observed the delivery of resident care, and staff to resident interactions. The following Ministry logs were inspected: #004842-15 and #000036-15.

During the course of the inspection, the inspector(s) spoke with Administrator, Program Coordinators, Registered Nursing Staff (RNs, RPNs), Personal Support Workers, Residents, and Family Members.

**The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Sufficient Staffing**

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| | |
|---|--|
| <p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p> | <p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p> |
| <p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- 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,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to resident #001.

On August 24, 2015 at 1617hrs, Inspector #603 observed resident #001 walking with their walker in a specific unit's hallway and then went into their room. Inspector interviewed resident #001 who explained that they needed their walker to walk around as they were afraid of falling.

On August 25, 2015, Inspector interviewed S#102 who confirmed that resident #001 always needs a walker while ambulating. On review of the resident's care plan, the Inspector found the following focus and intervention: 'Requires no assistance for Mobility - Independent without assistive devices and without assistance from staff'. There was no indication that a walker was required for ambulation.

On August 24, 2015, at 1617hrs, Inspector #603 interviewed resident #001 who explained that they normally receive 2 showers a week, on Mondays and Fridays. Inspector reviewed the home's 'Bath List' which indicated that resident #001 receives baths on Mondays and Fridays. During an interview with S#102 and S#103, confirmed to the Inspector that resident #001 received showers on Mondays and Fridays.

On August 24, 2015, Inspector reviewed resident #001's care plan which indicated that the resident received showers on Sundays and Thursdays. Inspector interviewed S#100 and S#102, who confirmed that PSWs look at the resident's care plans or the unit's bath list to know which resident needs to be bathed on any given day. [s. 6. (1) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the plan of care sets out clear directions to staff and others who provide direct care to resident #001, to be implemented voluntarily.



**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #001 was bathed, at a minimum, twice a week by the method of the resident's choice.

On August 24, 2015, Inspector reviewed a complaint which was initiated in 2015. The complainant indicated that resident #001 likes to receive showers instead of baths. According to the complainant, resident #001 had been receiving baths instead of showers because the home was short staffed or the shower was broken. The complainant also explained that during a particular week, resident #001 did not receive a bath or a shower because the home was short staffed.

Inspector #603 reviewed the PSW's Point of Care documentation for baths for a period of 5 months. During that time, there were 2 weeks that the resident received one instead of 2 showers. Staff #102 and S#103 explained that during a specific week, resident #001 did not receive a bath or shower because the resident's unit was short staffed, and the resident was asked to bathe herself by S#103.

On August 25, 2015, Inspector #603 interviewed S#100 who explained that when a unit is short staffed, the expectation is that residents will receive bed baths instead of receiving a full tub bath or a shower. These residents are then put on a "bath priority list" for the next day. Staff #100 did not remember if this plan was put in a policy and could not confirm that the resident had been bathed the next day as there was no documentation. Inspector #603 reviewed the home's 'Staffing Contingency Plan For Resident Care' dated November 21, 2014, and there was no instruction to bathe residents the next day, once it was determined that they could not give a bath on the predetermined day. [s. 33. (1)]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that resident #001 is bathed, at a minimum, twice a week by the method of their choice, to be implemented voluntarily.

Issued on this 17th day of September, 2015

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.