



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

Long-Term Care Homes Division  
 Long-Term Inspections Branch

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

Inspection de soins de longue durée  
 Division des foyers de soins de longue durée

# Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Name of Director:</b>	Karen Simpson
<b>Order Type:</b>	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
<b>Intake Log # of original inspection (if applicable):</b>	
<b>Original Inspection #:</b>	
<b>Licensee:</b>	City of Greater Sudbury 200 Brady Street PO Box 5000 Stn A Sudbury, ON P3A 5P3
<b>LTC Home:</b>	Pioneer Manor 960 Notre Dame Avenue Sudbury, ON P3A 2T4
<b>Name of Administrator:</b>	Aaron Archibald

<b>Background:</b>	
On August 21, 2017, as part of the inspection 2017_657681_0004, a Director Referral was made in accordance with s.152, paragraph 4 of Long-Term Care Homes Act, 2007 (LTCHA). The	

Director Referral was made after the inspector reissued a fifth consecutive order to the City of Sudbury in respect of Pioneer Manor under the LTCHA s. 20 (1). This is the seventh time that the City of Sudbury has been found to be in non-compliance with the LTCHA section 20 (1), since 2015. As part of the Director's Referral, the Director has considered the scope and severity of the non-compliances identified in inspection 2017\_657681\_0004, along with the licensee's history of compliance, and has determined that it is necessary to issue this Order.

**Order:**

**#001 – City of Sudbury**

**To the City of Sudbury, you are hereby required to comply with the following order(s) by the date(s) set out below:**

**Pursuant to:**

**LTCHA, 2007 S.O. 2007, c.8, s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, 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. 2007, c. 8, s. 20 (1).**

**Order:**

- 1) To prepare, submit and implement the following plans which will include specific timelines, accountabilities and deliverables at Pioneer Manor where the following areas of non-compliance have been found:
  - a) A plan to provide in person training for staff on the prevention of abuse and neglect, including what constitutes abuse and neglect, mandatory reporting obligations and the licensee's policy to promote zero tolerance of abuse and neglect in accordance with the requirements of the LTCHA and O. Reg 79/10.
  - b) A plan to provide coaching and mentoring support for a minimum of six months to the new Administrator who has no Long-Term Care home experience or background. Given the repeated non-compliance with Orders and Director's Referrals at this home, its large size (433 beds), and the number of staff employed, it is important to ensure the Administrator is well positioned to understand the legislative and regulatory requirements of the *LTCHA* to ensure the care and safety of residents in the home. This coaching and mentoring will support the Administrator in their ability to address areas of non-compliance.

This coaching and mentoring will be provided by an individual or agency with extensive experience as a Long-Term Care Administrator or who provides management services for a Long-Term Care Home. The plan will include the areas to be covered in the coaching and mentoring, timelines for the coaching and mentoring and a report at the end of the six months confirming the areas identified have been covered. The areas covered are to include at a minimum, a detailed overview of the Long-Term Care Homes Act and Regulations, with a particular focus on the current non-compliance and non-compliance identified in recent inspections, as well as support to develop the plan referenced in d).

- c) A plan to address the recommendations in the Review, Assessment and Disbursement of Policies Report completed by Responsive Health Management, Inc., dated August 2017.
  - d) A plan to address the areas of non-compliance identified in the 2017 inspection reports, including all written notifications. These areas of non-compliance include residents' bill of rights, plan of care, prevention of abuse and neglect, reporting and complaints, safe and secure home, plans of care, general requirement for programs, nursing and personal support services, nutrition care and hydration programs, required programs such as continence care and bowel management, reporting and complaints, the medication management system, and obtaining and keeping drugs.
- 2) Review, update and provide a copy of the policy to promote zero tolerance of abuse. The policy must ensure it is in compliance with the LTCHA and reflects a process that requires the person who suspects or witnesses abuse to immediately report the suspicion or observations of abuse to the Director.
- 3) All of the plans will identify the process, timelines and the indicators that will be used to evaluate the outcomes resulting from the implementation of the strategies identified, including assessing staff knowledge and application in the key areas identified.

All of the plans are to be submitted to Karen Simpson, Director, by fax to 613-569-9670 or courier to 347 Preston Street, Suite 420, Ottawa, Ontario, K1S 3J4 by October 15, 2017.

**Grounds:**

This Order is necessary given the scope and severity of the non-compliances identified in inspections #2017\_657681\_0004, #2017\_616542\_0010, #2017\_613609\_001, #2016\_269627\_0011, #2016\_320612\_0010 and #2015\_391603\_0029 outlined below. This Order is being issued to ensure the licensee achieves compliance with the serious and on-going non-compliance identified below by taking the actions identified by the Director in this Order, in addition to the actions identified by inspectors in the compliance order issued following Inspection #2017\_616542\_0010. This Director's Order is being issued where non-compliance with s. 20 (1)

has been identified, and considering the compliance history of the licensee with respect to the legislative requirements identified below and the recent management instability.

Management instability commenced in 2015 which has decreased the Licensee's ability to ensure and sustain compliance. The General Manager of Community Development which oversees Pioneer Manor was filled on a temporary basis between 2015 and 2017. Most recently for a seven month period in 2017, the Manager of Resident Care/Director of Nursing and Personal Care was filled on a temporary basis and the Administrator was replaced in August 2017.

In the two recent inspections detailed below, a Director Referral was issued in both inspections, and an Order in inspection #2017\_616542\_0010, for s. 20 (1) with respect to the licensee failing to without in any way restricting the generality of the duty provided for in section 19, ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and that the policy was complied with.

This Director's Order is being issued to ensure that:

- in person training is provided so that staff understand their obligations with respect to ensuring residents are protected from abuse and neglect and for reporting abuse and neglect;
- coaching and mentoring is provided to the new Administrator who has no Long-Term Care Home experience or background;
- recommendations in the Review, Assessment and Disbursement of Policies completed by Responsive Health Management Inc., are addressed;
- a plan to address the areas of non-compliance identified in the 2017 inspection reports is implemented and sustained; and
- the policy to promote zero tolerance of abuse complies with the LTCHA, is understood and is complied with by staff in the home, and reflects a process that requires the person who suspects or witnesses abuse reports the suspicion or observations of abuse to the Director.

Specific evidence of the non-compliance identified, and that is relied on by the Director is contained within the two inspection reports noted below as well as in other inspections listed in the compliance history described below in this Order.

- **August 21, 2017:** A critical incident inspection was conducted July 24 – August 01, 2017. The inspection report for inspection #2017\_657681\_0004 and Director Referral (DR #001) was served on the licensee on August 21, 2017. The director referral (DR, 3<sup>rd</sup> consecutive referral) was issued in relation to LTCHA s. 20 (1) compliance with the written policy to promote zero tolerance of abuse. At the same time a voluntary plan of correction action (VPC) was issued related to LTCHA s. 24 (1) – immediately reporting to the Director
- **July 31, 2017:** A resident quality inspection was conducted May 23-June 2, 2017. The inspection report for inspection #2017\_616542\_0010 and compliance order (CO#001) as

well as associated director referral (DR) were served on the licensee on July 31, 2017. This director referral (DR) which was the 2<sup>nd</sup> consecutive referral and compliance order (CO #001) which was re-issued (4<sup>th</sup> consecutive issue) in relation to LTCHA s. 20 (1) compliance with the written policy to promote zero tolerance of abuse. The compliance due date was August 18, 2017. At the same time a voluntary plan of correction action (VPC) was issued related to O.Reg s. 107 – reporting critical incidents to the Director

Compliance History: Previous Inspections at Pioneer Manor where s. 20 (1) was issued:

- **March 01, 2017:** A follow up inspection was conducted on January 9-19, 2017. The inspection report for inspection #2017\_613609\_0001 and compliance order CO#004 were served on the licensee on March 01, 2017 and amended on June 23, 2017. The compliance order (CO #004) was re-issued (3<sup>rd</sup> consecutive issue) with a director referral (DR) in relation to LTCHA s. 20 (1), compliance with the written policy to promote zero tolerance of abuse. The compliance due date was March 22, 2017. At the same time, a compliance order (CO #003) was re-issued (3<sup>rd</sup> consecutive issue) with a director referral (DR #001) in relation to LTCHA s. 19 (1), Duty to Protect related to abuse. The compliance due date was April 26, 2017 and was subsequently complied during inspection #2017\_616542\_0010.
- **September 27, 2016:** A resident quality inspection was conducted May 2-13, 2016. The inspection report for inspection #2016\_269627\_0011 and written notification (WN#9) was served on the licensee on September 27, 2016. The written notification (WN #9) was issued in relation to LTCHA s. 20 (1) compliance with the written policy to promote zero tolerance of abuse. At the time of the inspection, there was an outstanding compliance order served from inspection #2016\_320612\_0010 with a compliance due date of September 06, 2016. At the same time a written notification (WN #11) was issued in relation to O. Reg s. 104, requirements of reporting investigation under s. 23 (2) to the Director.
- **May 03, 2016:** A follow up inspection was conducted April 4-11, 2016. The inspection report for inspection #2016\_320612\_0010 and compliance order (CO #003) was served on the licensee on May 03, 2016 and amended on May 24, 2016. The compliance order (CO #003) was re-issued (2<sup>nd</sup> consecutive issue) in relation to LTCHA s. 20 (1), compliance with the written policy to promote zero tolerance of abuse. The compliance due date was July 29, 2016 and amended to September 06, 2016. At the same time, compliance order (CO #002) was re-issued (2<sup>nd</sup> consecutive issue) in relation to LTCHA s.19 duty to protect related to abuse, with a compliance due date of September 06, 2016.
- **January 08, 2016:** A resident quality inspection was conducted September 21 to October 2, 2015. The inspection report for inspection #2015\_391603\_0029 and compliance order (CO #002) were served on the licensee on January 08, 2016 and amended on February 04, 2016. The compliance order (CO #002) was issued in relation to LTCHA s. 20 (1),



compliance with the written policy to promote zero tolerance of abuse. The compliance due date was February 05, 2016. At the same time, compliance order (CO #001) was issued in relation to LTCHA s.19, duty to protect related to abuse with a compliance due date of February 05, 2016. As well, compliance order (CO#003) was issued in relation to LTCHA s.24, reporting matters to the director related to abuse, with a compliance due date of January 22, 2016. Additionally, a written notification (WN #15) and voluntary plan of correction (VPC) was issued in relation to O. Reg s. 99, evaluation the effectiveness of the policy to promote zero tolerance. Finally, a written notification (WN #18) was issued in relation to LTCHA s.23 (1), investigating, responding and acting to alleged, suspected or witnessed incidents of abuse.

- **September 18, 2015:** A critical incident inspection was conducted August 24 -28, 2015. The inspection report for inspection #2015\_282543\_0018 and written notification (WN#3) was served on the licensee on September 18, 2015. The written notification (WN #3) was issued in relation to LTCHA s. 20 (1) compliance with the written policy to promote zero tolerance of abuse. At the same time, a written notification (WN #4) was issued in relation to LTCH s. 24, reporting matters to the director related to abuse.
- **February 27, 2012** – WN s.20 – Critical Incident Inspection #2012\_140158\_0002
- **October 24, 2011** – WN s.20 – Critical Incident Inspection #2011\_099188\_0019
- **October 5, 2011** – WN s.20 – Critical Incident Inspection #2011\_056158\_0009

Additional areas of non-compliance associated with s. 20 (1)

- **February 11, 2016:** A critical incident inspection was conducted January 14-20, 2016. The inspection report for inspection #2016\_336620\_0004 and compliance orders were served on the licensee on February 11, 2016. Compliance order (CO #001) was issued in relation to LTCHA s.23 (1), investigating, responding and acting to alleged, suspected or witnessed incidents of abuse. A compliance order (CO #002) was issued in relation to O. Reg s. 99, evaluation of the effectiveness of the policy to promote zero tolerance. The compliance due date for both compliance orders (CO #001 and CO #002) was March 01, 2016. At the same time a written notification (WN #3) and voluntary plan of correction (VPC) was issued in relation to O. Reg s. 98, immediate notification of the appropriate police force. As well, two written notifications (WN #5 and WN #6) were issued in relation to LTCH s. 24, reporting matters to the director related to abuse and O. Reg s. 97, immediate notification to the resident's substitute decision-maker of alleged abuse, respectively.

Additional areas of non-compliance issued during 2017 inspections

- **August 21, 2017** - Critical incident inspection #2017\_657681\_0004.
  - O. Reg s. 101 Dealing with complaints - WN
- **July 31, 2017** - Resident quality inspection #2017\_616542\_0010.
  - O. Reg s. 27 Care conferences – VPC

- O. Reg s. 30 General requirements for programs – VPC
- O. Reg s. 37 Personal items and personal aids – VPC
- O. Reg s. 51 Contenance care and bowel management – VPC
- O. Reg s. 69 Weight changes – VPC
- O. Reg s. 73 Dining and snack service – VPC
- O. Reg s. 129 Safe storage of medication – WN
- O. Reg s. 36 Transferring and positioning techniques – WN
- O. Reg s. 40 Dress – WN
  
- **March 16, 2017** – Complaint inspection #2017\_613609\_0003.
  - LTCHA s. 3 Resident bill of rights’ – VPC
  - O. Reg s. 114 Medication management system – WN
  - LTCHA s. 6 Plan of care - WN
  
- **March 03, 2017** – Critical incident inspection #2017\_613609\_0002.
  - O. Reg s. 23 – Licensee must investigate, respond and act - VPC
  
- **June 23, 2017** – Follow up inspection #2017\_613\_609\_0001.
  - O. Reg s.31 – Nursing and personal support services – CO #002. This compliance order was complied during inspection #2017\_616542\_0010 on July 31, 2017.
  - O. Reg s.90 – Maintenance services – CO #001. The compliance due date was August 31, 2017.
  - O. Reg s. 9 – Doors in a home - VPC

**This Order must be complied with  
by:**

**January 1, 2018**



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**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON  
M5S 2T5

and the

**Director**

c/o Appeals Clerk  
Long-Term Care Inspections Branch  
1075 Bay St., 11th Floor, Suite 1100  
Toronto ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

Issued on this 14th day of September, 2017.	
Signature of Director:	
Name of Director:	

Version date: 2017/02/15