



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

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

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

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

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

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

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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 13, 2018	2018_435621_0006	000815-18, 002379-18, 003470-18	Complaint

Licensee/Titulaire de permis

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

JULIE KUORIKOSKI (621), AMY GEAUVREAU (642), KATHERINE BARCA (625)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 26 - March 2, 2018, and March 5 - 9, 2018.

The following intakes were completed in this Complaint inspection:

- Three intakes related to alleged staff to resident neglect.

Critical Incident System (CIS) inspection #2018_435621_0007, Other inspection #2018_624196_0006 and Follow Up inspection #2018_435621_0008 were conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Manager of Resident Care, Program Coordinators, Resident-Assessment-Instrument (RAI) Coordinator, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Manager of Food Services, the Registered Physiotherapist, residents and their families.

The Inspectors also conducted a tour of the resident care areas, reviewed resident care records, home programs and policies, the home's investigation records, relevant employee records and observed the delivery of resident care and services, including resident-staff interactions.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :



1. The licensee has failed to ensure the resident, and the Substitute Decision Maker (SDM), if any, and the designate of the resident/SDM were provided the opportunity to participate fully in the development and implementation of the plan of care.

Inspector #642 inspected on a complaint which was submitted to the Director on a specific date, which indicated that the SDM for resident #010 had not been informed of a medication change along with a subsequent change in this resident's condition.

Inspector #642 reviewed resident #010 health care records and identified a medication order written on a specific date.

Inspector #642 reviewed documentation from the home's medication program, which identified that a specific amount of identified medication had been provided to resident #010 on a specified date and time.

During an interview with RPN #106, they reported to Inspector #642 that they had not contacted resident #010's SDM to discuss with them the planned medication change before providing the medication to the resident on the specified date.

During an interview with RN #111, they stated to Inspector #642 that they had not contacted resident #010's SDM to inform them that the physician had changed resident #010's medication, on the specified date. RN #111 further indicated that they should have informed the SDM of the medication change after the physician wrote the order.

During an interview with the Manager of Resident Care, they stated to Inspector #642 that the SDM for resident #010 should have been informed of the change in medication before the medication was given, in order for the SDM to have opportunity to participate fully in the development and implementation of the resident's plan of care. [s. 6. (5)]



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Issued on this 13th day of March, 2018

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

Original report signed by the inspector.