



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 prévue
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
Dec 13, 2018	2018_669642_0029	012140-18, 015986- 18, 025654-18, 028016-18, 029656- 18, 029987-18, 030398-18, 030679-18	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

AMY GEAUVREAU (642), CHAD CAMPS (609)

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): November 19-23, 26-30, 2018.

The following was inspected upon:

One complaint, submitted to the Director related to a fall, hospitalization and



change in condition;

Three complaints, submitted to the Director related to alleged neglect, while providing personal care and wound care;

One complaint, submitted to the Director related to alleged abuse resident to resident;

One complaint, submitted to the Director related to alleged staff to resident neglect;

One complaint, submitted to the Director related to a bed refusal for an applicant;

One complaint, submitted to the Director related to staff not providing privacy.

A Critical Incident inspection #2018_669642_0030, was conducted concurrently with this Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator/Director, Manager of Resident Care (MORC), Pharmacists, Manager of Therapeutic Services, Program Coordinators, Coordinator of Recreation Therapy & Volunteerism, Intake Coordinator, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Nutritional Aid (NA), Personal Support Workers (PSWs), a volunteer, family members, and residents.

The Inspectors also conducted a tour of the resident care areas, reviewed resident care records, home investigation notes, home policies, relevant personnel files and observed resident rooms, resident common areas, and the delivery of resident care and services, including resident-staff interactions.

The following Inspection Protocols were used during this inspection:

**Admission and Discharge
Dignity, Choice and Privacy
Falls Prevention
Responsive Behaviours
Skin and Wound Care**



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

- 2 WN(s)
- 0 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Légende
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. 44. Authorization for admission to a home

Specifically failed to comply with the following:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).

(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that they approved an applicant's admission to the home unless,

(a) the home lacked the physical facilities necessary to meet the applicant's care requirements;

(b) the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements; or

(c) circumstances existed which were provided for in the regulations as being a ground for withholding approval.

A complaint was submitted to the Director, which outlined the home had rejected resident #010's application for admission from another long term care home, citing the resident's behaviours.

Inspector #609 reviewed the home's refusal letter to resident #010's Substitute Decision Maker (SDM), which indicated that the home lacked the nursing expertise to manage the resident's verbal and physical behaviours, toward other residents and staff.

The letter further indicated that the home lacked staff who spoke a specific language, in order to provide daily care.



During an interview with the Complainant, they indicated that the home's refusal letter of resident #010's application was based on inaccurate information. The Complainant outlined how the resident's current home was managing their behaviours, as their Behavioural Supports Ontario (BSO) staff were no longer actively involved with the resident. They then outlined how the current home was providing care despite the resident's preference (not requirement) for specific language services.

A review of the home's policy titled, "Admission to Pioneer Manor- Application Review," last revised October 24, 2012, required the home to approve an applicant's admission unless the home lacked the physical facilities to meet the applicant's care requirements, or the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements.

During an interview with the home's Intake Coordinator, a review of the home's refusal letter to resident #010 was conducted. They verified that they had reviewed the resident's application and had refused the resident's application for admission, because they felt the resident required 24 hour supervision, and staff who could speak a specific language in order to provide care.

The Intake Coordinator stated, "no" when asked if 24 hour supervision or the request for language services was considered nursing expertise, when the home refused resident #010's application for admission.

During an interview with the Manager of Resident Care (MORC), they indicated that the home did have a BSO team, with the expertise to manage resident #010's behaviours. [s. 44. (7)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 263. For the purposes of section 92 of the Act, every licensee of a long-term care home shall ensure that a record required to be kept under this Part is retained for a period of at least seven years from the last day of the year in which the record was made, except in the case of an agreement mentioned in clause 262 (d) or (e), which must be kept for a period of at least seven years from the earlier of the date that the agreement ends or it is terminated by either party to the agreement. O. Reg. 79/10, s. 263.



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Findings/Faits saillants :



1. The licensee has failed to ensure that every licensee of a long-term care home shall ensure that a record required to be kept was retained for a period of at least seven years from the last day of the year in which the record was made.

A complaint was submitted to the Director, which outlined concerns that resident #011 may not have been monitored by staff after they suffered a fall.

A Critical Incident (CI) report was submitted by the home on a day in June, 2018, which outlined how resident #011 fell.

A review of the home's policy titled, "Falls and Fall Related Injuries: Assessment, Reduction and Management," last revised March 2, 2018, required staff to initiate a specific intervention, for all unwitnessed falls.

Inspector #609 reviewed resident #011's progress notes, and found on a day in June, 2018, RPN #135 had assessed the resident who had fallen. A particular injury was noted.

A subsequent progress note by RPN #136 was reviewed, which indicated that on a day in June, 2018, resident #011 was found exhibiting particular symptoms.

During interviews with RPN #135 and RPN#136, both verified that resident #011 received a specific intervention on a day in June, 2018, and that they had completed the record.

Inspector #609 reviewed resident #011's entire health care record, and found no documentation of the resident's intervention.

A review of the home's policy titled, "Documentation-Chart, Sequence of," last revised June 12, 2017, required all closed clinical records be kept for 10 years after the resident was discharged.

During an interview with PC #109, they were unable to locate resident #011's completed intervention record and indicated that the record should have been in the resident's chart. [s. 263.]



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Issued on this 17th day of December, 2018

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

Original report signed by the inspector.