



**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**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 3, 2014	2014_281542_0009	S-000023- 14, 24-14	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**

JENNIFER LAURICELLA (542)

**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): March 24-26, 2014**

**Log #'s S-000023-14, S-000024-14, S-000045-14 and S-000409-13**

**During the course of the inspection, the inspector(s) spoke with the Manager of Resident Care, Registered Staff, Health Care Aides, Residents and Family Members.**

**During the course of the inspection, the inspector(s) conducted a walk through of various resident home areas, observed resident care, reviewed resident health care records, reviewed various policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Dignity, Choice and Privacy  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation**

**Findings of Non-Compliance were found during this inspection.**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Legendé

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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

**Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**3. Every resident has the right not to be neglected by the licensee or staff. 2007, c. 8, s. 3 (1).**

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**Findings/Faits saillants :**

1. Inspector reviewed a Critical Incident that was submitted to the Director outlining alleged staff to resident abuse/neglect.

Inspector reviewed the home's internal investigation which indicated that staff # 001 was found responsible for the neglect. Investigation also disclosed that resident # 23's incontinence product was not changed after supper as per resident # 23's plan of care, resident # 23 did not receive an incontinent product change from 1315 hr until 2051 hr. The documentation regarding the home's investigation of this incident also identified that staff #001 neglected to provide the resident with the care as outlined in the Bladder Continence section of the resident's care plan.

Inspector reviewed resident # 23's most current care plan and noted that the resident was to be checked for incontinence when first awake in the morning, after meals, at bedtime, during the night as required to maintain skin integrity, or if awake, upon the direction of resident's verbal or nonverbal cues.

The licensee has failed to ensure that resident # 23 is not neglected by the licensee or staff. [s. 3. (1) 3.]

***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 following rights of residents, specifically regarding resident # 23, are fully respected and promoted: Every resident has the right not to be neglected by the licensee or staff, to be implemented voluntarily.***



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Issued on this 22nd day of April, 2014

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

Jennifer Lauricella # 542

