

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

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

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 26, 2022	2021_908642_0010	019249-21	Proactive Compliance Inspection

Licensee/Titulaire de permis

The Corporation of the City of Thunder Bay
Office of the City Clerk 500 Donald St. East Thunder Bay ON P7E 5V3

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

Pioneer Ridge
750 Tungsten Street Thunder Bay ON P7A 5C2

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

AMY GEAUVREAU (642), AMANDA BELANGER (736)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Proactive Compliance Inspection.

This inspection was conducted on the following date(s): December 6-10, 13-17, 2021.

The Inspector(s) conducted daily tours of the resident care areas, reviewed relevant resident records and policies, the Infection Prevention and Control (IPAC) practices were reviewed, interviews with the Resident and Family Council, observed resident rooms, resident common areas, dining areas, and the delivery of resident care and services, including staff to resident interactions.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Clinical Managers, Best Practice Coordinator, Environmental Manager, Education Coordinator, the Infection Prevention and Control (IPAC) Lead, Nutrition and Food Manager, Registered Dietitian, Pharmacist, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Administrator Assistant, Business Office Clerk, Ward Clerk, Dietary Aids, Personal Support Workers (PSWs), Housekeeper, family members, and residents.

The following Inspection Protocols were used during this inspection:

**Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Residents' Council
Skin and Wound Care**

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>Légende</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. 60.
Powers of Family Council****Specifically failed to comply with the following:**

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Family Council had been responded to in writing, within 10 days of receiving their concerns or recommendations.

The Family Council usually received the home's responses to their concerns or recommendations at the next meeting, two months later. They could not identify if the home responded to Council in writing within 10 days, since the home's meeting minute responses did not have dates on them.

The Director of Care (DOC) identified they followed up with the Family Council recommendations and concerns usually after their meetings and receiving their advice, however they did not have a process in place, to respond back in writing to the Family Council within the required 10 days.

The failure of staff providing no written response within the required 10 days presented no harm to residents.

Sources: Review of the Family Council meeting minutes; Interviews with the Chair of the Family Council, and the DOC. [s. 60. (2)]

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 when the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program, related to resident hand hygiene.

Inspectors observed meal service on different units and identified staff were not assisting residents to clean their hands before or after meals. The home's Hand Hygiene program was based on the Just Clean Your Hands (JCYH) program, which required that staff assist residents to clean their hands before and after meals, snacks, and activities.

Staff identified the home had a process in place, to assist residents with their hand hygiene, however the staff were not observed utilizing the disinfected wipes before or after the resident's meals.

The Director of Care (DOC) identified that staff were required to assist resident's with hand hygiene, before and after meals.

The failure of staff not providing hand hygiene before and after meals presented a minimal risk to residents.

Sources: Observations of residents at meals; interviews with the DOC, and other staff; the home's policy, Hand Hygiene policy. (736) [s. 229. (4)]

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 all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 28th day of January, 2022

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

Original report signed by the inspector.