

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Sudbury Service Area Office
159 Cedar St, Suite 403
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Modified Public Report	
Report Issue Date: November 23, 2022	
Inspection Number: 2022-1596-0001	
Inspection Type: District Initiated	
Licensee: The Corporation of the City of Thunder Bay	
Long Term Care Home and City: Pioneer Ridge, Thunder Bay	
Lead Inspector Christopher Amonson (721027)	Inspector Digital Signature
Additional Inspector(s)	

MODIFIED INSPECTION REPORT SUMMARY
This public inspection report has been revised to reflect the correct report issue date.

INSPECTION SUMMARY
<p>The Inspection occurred on the following date(s): November 8, 2022 November 9, 2022</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> One intake to determine compliance of Infection Prevention and Control (IPAC) requirements.

The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control

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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the standards and protocols issued by the Director with respect to infection prevention and control were implemented.

Rationale and Summary

An inspector observed that some areas of the home did not have appropriate signage according to IPAC protocols. Additionally, it was observed that there were areas without appropriate equipment in accordance with IPAC protocols.

The IPAC Lead stated that, specific protocols should have been implemented to ensure IPAC measures were in place, which was also indicated in the home's policy.

The IPAC Lead stated that all identified areas had been reviewed for required protocols immediately after it was brought to their attention. Observations of all units in the home were made by an inspector, confirming that the correct measures were in place according to IPAC protocols. There was no impact and low risk to the residents as other aspects of IPAC protocols were being followed correctly in the home.

Sources: Inspector observations; the LTCH policy titled: "Routine Infection Control Practices and Additional Precautions" and appendices (revised May, 2021); Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022); and interviews with the IPAC Lead and direct care staff. [721027]