

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

North District  
159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Public Report

**Report Issue Date:** February 4, 2026

**Inspection Number:** 2026-1596-0001

**Inspection Type:**  
Proactive Compliance Inspection

**Licensee:** The Corporation of the City of Thunder Bay

**Long Term Care Home and City:** Pioneer Ridge, Thunder Bay

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 28 - 30, 2026 and February 2 and 3, 2026.

The following intake was inspected:

- One Intake: Proactive Compliance Inspection.

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

Skin and Wound Prevention and Management  
Infection Prevention and Control  
Restraints/Personal Assistance Services Devices (PASD) Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: When PASD may be used

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 36 (3)**

PASDs that limit or inhibit movement

s. 36 (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the

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use of the PASD is included in the resident's plan of care.

A personal assistance services device (PASD) was used to assist a resident with a routine activity of living, but the PASD was not included in the resident's plan of care.

**Sources:** Observations made during inspection; Review of a resident's health care records; Home's Policy: Least Restraint policy and Use of PASD's, last reviewed August 19, 2025; and Interview's with a PSW and the DOC.

### WRITTEN NOTIFICATION: Bed rails

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 18 (1)**

Bed rails

s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and

(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability.

A resident was not assessed for the use of bed rails and the resident's bed system was not evaluated in accordance with evidence-based practices to minimize risk to the resident, including taking into consideration all potential zones of entrapment and other safety issues related to the use of bed rails.

**Sources:** Observations completed during the inspection; Interview with a maintenance staff member and the Director of Care (DOC); Review of a resident's health care records; and a review of maintenance records.

### WRITTEN NOTIFICATION: General Requirements

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.**

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#### General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

An annual evaluation of the required skin and wound care program had not been completed.

**Sources:** Review of the homes' "Skin Care and Wound Management Program - last revised May 2025"; and interview with an RN.

### WRITTEN NOTIFICATION: Skin and Wound Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,  
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,  
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

A resident's area of altered skin integrity was not assessed weekly as required.

**Sources:** Review of a resident's health care records, the homes' skin and wound care policy; and an interview with staff.

### WRITTEN NOTIFICATION: Evaluation

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 122 (b)**

Evaluation

s. 122. Every licensee of a long-term care home shall ensure,

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(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 33 of the Act, and what changes and improvements are required to minimize restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation;

An annual evaluation of the home's "Least Restraint policy and Use of PASD's" policy, including changes and improvements required to minimize restraining and ensuring that any restraining that is necessary is done in accordance with the Act and this Regulation, was not completed.

**Sources:** Review of monthly analysis and meeting minutes; Policy: Least Restraint policy and Use of PASD's, last reviewed August 19, 2025.

## COMPLIANCE ORDER CO #001 Skin and wound care

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- 1) Conduct a documented multi-disciplinary review of two resident's wound care treatments and update the residents' plans of care as indicated based on the outcome of this review.
- 2) Conduct audits of the wound care provided to the two identified residents, twice weekly, for four weeks, to ensure wound care is provided as ordered.
- 3) Maintain a documented record of the audits, any gaps identified and corrective action taken in response to the audits.

## Grounds

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1) A resident who was exhibiting altered skin integrity did not receive treatment and interventions as ordered.

**Sources:** Observations of wound care; review of a resident's health care records; and an interview with a staff member.

2) Another resident who was exhibiting altered skin integrity did not receive treatment and interventions as ordered.

When treatment was not provided as ordered for a resident, there was an increased risk of further deterioration.

**Sources:** Observations of wound care; review of a resident's health care records; and an interview with staff members.

**This order must be complied with by** March 23, 2026

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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

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