



**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  
prévus le Loi de 2007 les  
foyers de soins de longue**

**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**

Sudbury Service Area Office  
159 Cedar Street, Suite 603  
SUDBURY, ON, P3E-6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury  
159, rue Cedar, Bureau 603  
SUDBURY, ON, P3E-6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

**Public Copy/Copie du public**

| <b>Date(s) of inspection/Date(s) de<br/>l'inspection</b> | <b>Inspection No/ No de l'inspection</b> | <b>Type of Inspection/Genre<br/>d'inspection</b> |
|----------------------------------------------------------|------------------------------------------|--------------------------------------------------|
| Dec 21, 22, 2011; Jan 20, 30, 2012                       | 2011_099188_0036                         | 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**

MELISSA CHISHOLM (188)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Resident Care Manager, Program Coordinators, Registered Nursing staff, Personal Support Workers, Residents and Families

During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, observed staff to resident interactions, reviewed health care records and observed dining room service.

Critical incident reports were reviewed as part of this inspection.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dining Observation

Falls Prevention

Nutrition and Hydration

Pain

Findings of Non-Compliance were found during this inspection.

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

| Legend                                                                                                                                                                                                                                                                  | Legendé                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WN – Written Notification                                                                                                                                                                                                                                               | WN – Avis écrit                                                                                                                                                                                                                                                                                    |
| VPC – Voluntary Plan of Correction                                                                                                                                                                                                                                      | VPC – Plan de redressement volontaire                                                                                                                                                                                                                                                              |
| DR – Director Referral                                                                                                                                                                                                                                                  | DR – Aiguillage au directeur                                                                                                                                                                                                                                                                       |
| CO – Compliance Order                                                                                                                                                                                                                                                   | CO – Ordre de conformité                                                                                                                                                                                                                                                                           |
| WAO – Work and Activity Order                                                                                                                                                                                                                                           | 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. 6. Plan of care**  
Specifically failed to comply with the following subsections:

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**

- (a) the planned care for the resident;**
- (b) the goals the care is intended to achieve; and**
- (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. Inspector reviewed the health care record for a resident on December 21, 2011. Inspector noted a fall risk assessment identified this resident as a high risk for falls. Inspector spoke with two personal support workers who confirmed the resident's high risk for falls. Inspector reviewed the plan of care for this resident and noted that the resident's risk of falls, and interventions to mitigate the risk, is not included in the plan of care. The plan of care fails to include any direction related to fall prevention despite this resident being identified at a high risk for falls. The Inspector spoke with Program Coordinator on December 21, 2011. The Program Coordinator reviewed the plan of care and confirmed that the risk of falls is not included and acknowledged that it should be included. The licensee failed to ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident. [LTCHA, 2007, S.O. 2007, c.8, s.6(1)(c)]

2. It was reported to the inspector that a resident had received the incorrect diet texture resulting in a choking episode. Inspector reviewed the health care record for this resident and noted the choking incident. Inspector spoke with Resident Care Manager and a Program Coordinator on December 21, 2011. Both report to the inspector that this resident received the incorrect texture resulting in the choking incident. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan. [LTCHA 2007, S.O. 2007, c.8, s.6(7)]

**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 ensuring the plan of care includes clear direction to staff and the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.**

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT  
CONFORME AUX EXIGENCES:**

**CORRECTED NON-COMPLIANCE/ORDER(S)  
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**

| <b>REQUIREMENT/<br/>EXIGENCE</b>  | <b>TYPE OF ACTION/<br/>GENRE DE MESURE</b> | <b>INSPECTION # / NO<br/>DE L'INSPECTION</b> | <b>INSPECTOR ID #/<br/>NO DE L'INSPECTEUR</b> |
|-----------------------------------|--------------------------------------------|----------------------------------------------|-----------------------------------------------|
| LTCHA, 2007 S.O. 2007, c.8 s. 3.  | CO #001                                    | 2011_099188_0019                             | 188                                           |
| LTCHA, 2007 S.O. 2007, c.8 s. 31. | CO #002                                    | 2011_099188_0019                             | 188                                           |
| O.Reg 79/10 r. 59.                | WN #1                                      |                                              | 188                                           |
| LTCHA, 2007 S.O. 2007, c.8 s. 76. | WN #1                                      |                                              | 188                                           |

**Issued on this 8th day of February, 2012**

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

