



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

**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**

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	MELISSA CHISHOLM (188)
Inspection No. / No de l'inspection :	2012_099188_0016
Type of Inspection / Genre d'inspection:	Follow up
Date of Inspection / Date de l'inspection :	May 1, 2, 3, 4, 9, 11, 2012
Licensee / Titulaire de permis :	THE CITY OF GREATER SUDBURY 200 Brady Street, PO Box 5000 Stn A, SUDBURY, ON, P3A-5P3
LTC Home / Foyer de SLD :	PIONEER MANOR 960 NOTRE DAME AVENUE, SUDBURY, ON, P3A-2T4
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	TONY PARMAR

To THE CITY OF GREATER SUDBURY, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /

Ordre no : 901

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /

Lien vers ordre existant: 2012_140158_0005, CO #001

Pursuant to / Aux termes de :

O.Reg 79/10, s. 17. Communication and response system

Order / Ordre :

A previous compliance order was issued under s.17: 2012_140158_0005, CO #001

The licensee shall ensure compliance with s.17 in accordance with the plan for achieving compliance submitted by the home in response to the previous compliance order.

Grounds / Motifs :



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

1. Inspector attempted to initiate a call to the resident-staff communication and response system on May 1, 2012 at 15:40h from a resident's call badge. Inspector noted after pressing the badge that the light outside the resident's room did not activate, the call was not registered on the unit's computer which monitors the system (the badge number was not displayed on the computer at all) and staff did not receive a page to their pagers. Inspector spoke with RPN who also tested the resident's badge and confirmed that it was not functioning or registering the call. The RPN proceeded to change the battery in the badge; upon further testing the badge did activate the system. The licensee failed to ensure the home is equipped with a resident-staff communication and response system which is on at all times. [O.Reg. 79/10, s.17(1)(b)] (188)
2. Inspector attempted to initiate a call to the resident-staff communication and response system on May 2, 2012 at 11:15h from a residents call badge. Inspector noted after the resident pressed the badge that the light outside the resident's room did not activate, inspector then attempted to initiate the call from the resident's badge noting again the light outside the resident's room did not activate. Inspector reported findings to a PSW who proceeded to test the badge and was able to successfully initiate the call. The PSW identified no previous page had been received when inspector and resident had attempted to initiate the call. Inspector returned at 14:55h and attempted to initiate a call from the resident's badge. Inspector noted the call did not register. The resident then proceeded to press the call badge, inspector noted at no time did the resident's light outside the room activate. Inspector spoke with a PSW at the nursing station who confirmed that no page had been received from the resident. The PSW then proceeded to test the badge which did not initially activate when tested by the PSW. Following several attempts by the PSW and the RPN the bell did activate. The resident's badge was then removed to be sent for repairs, the resident was provided with a manual bell at that time. The licensee failed to ensure the home is equipped with a resident-staff communication and response system which is on at all times. [O.Reg. 79/10, s.17(1)(b)] (188)
3. Inspector attempted to initiate a call to the resident-staff communication and response system on May 1, 2012 from a resident's call badge. Inspector noted that the call was received by the PSW pager, however the page did not include the resident's location, only identifying the resident required help. Inspector, the PSW and the RPN reviewed the unit's computer and noted that the residents call was not registered on the computer and the resident's call badge was not included in the list of residents. The licensee failed to ensure the home is equipped with a resident-staff communication and response system which clearly indicates where the signal is coming from. [O.Reg. 79/10, s.17(1)(f)] (188)
4. Inspector attempted to initiate a call to the resident-staff communication and response system on May 2, 2012 from a resident's call badge. The resident was in their room at the time, inspector initiated the call and noted the white call light outside the resident's room did not activate. Inspector spoke with the PSW who identified that a page was received; however the page indicated the resident, who was in room 109 at the time of the call, required assistance in room 108. Inspector observed the call was registered on the unit's computer however also indicated that the resident who was in room 109 required assistance in room 108. The licensee failed to ensure the home is equipped with a resident-staff communication and response system which clearly indicates where the signal is coming from. [O.Reg. 79/10, s.17(1)(f)] (188)
5. Inspector attempted to initiate a call to the resident-staff communication and response system on May 1, 2012 from a resident's call badge. Inspector noted the white light outside the resident's room did not activate. Inspector spoke with a PSW who identified that a page was received however the page did not indicate the resident's location, only that the resident required assistance. The licensee failed to ensure the home is equipped with a resident-staff communication and response system which clearly indicates where the signal is coming from. [O.Reg. 79/10, s.17(1)(f)] (188)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 11, 2012

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Linked to Existing Order / 2011_099188_0035, CO #004
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours;
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

The licensee shall ensure compliance with O.Reg. 79/10, s.50(2) in accordance with the plan for achieving compliance already submitted by the home in response to the previous compliance orders.

Grounds / Motifs :

1. Inspector reviewed the plan of care for a resident. Inspector noted the plan of care identifies the resident at a risk for altered skin integrity. Inspector noted the resident was hospitalized and upon return did not receive a skin assessment by a member of the registered nursing staff. The licensee failed to ensure that a resident exhibiting altered skin integrity receives a skin assessment by a member of the registered nursing staff upon any return from hospital. [O.Reg. 79/10, s.2(a)(ii)] (188)
2. Inspector reviewed the plan of care for a resident. Inspector noted the plan of care identifies the resident at a risk for altered skin integrity. Inspector noted the resident was on a leave of absence, for greater than 24 hours, and upon return did not receive a skin assessment by a member of the registered nursing staff. The licensee failed to ensure that a resident exhibiting altered skin integrity receives a skin assessment by a member of the registered nursing staff upon return from an absence of greater than 24 hours. [O.Reg. 79/10, s.2(a)(iii)] (188)
3. Inspector reviewed the plan of care for a resident. Inspector noted the plan of care identifies the resident at a risk for altered skin integrity. Inspector noted the resident was on a leave of absence, for greater than 24 hours, and upon return did not receive a skin assessment by a member of the registered nursing staff. The licensee failed to ensure that a resident exhibiting altered skin integrity receives a skin assessment by a member of the registered nursing staff upon any return from an absence of greater than 24 hours. [O.Reg. 79/10, s.2(a)(iii)] (188)
4. Two previous compliance orders were issued under O.Reg. 79/10, s.50(2): 2011_099188_0035_004 dated January 13, 2012, and 2012_140158_0005_002 dated March 30, 2012. (188)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 11, 2012



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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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Order(s) of the Inspector
Pursuant to section 153 and/or
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REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 11th day of May, 2012

**Signature of Inspector /
Signature de l'inspecteur :**

Name of Inspector /

Nom de l'inspecteur : MELISSA CHISHOLM

Service Area Office /

Bureau régional de services : Sudbury Service Area Office



**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

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
May 1, 2, 3, 4, 9, 11, 2012	2012_099188_0016	Follow up

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 Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care, Program Coordinators, the Admissions Coordinator, Registered Staff members (RN/RPN), Personal Support Workers (PSW) and residents.

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, reviewed various policies and procedures and tested the resident-staff communication and response system.

The following Inspection Protocols were used during this inspection:

Medication

Safe and Secure Home

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Alguillage 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.)	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 O.Reg 79/10, s. 17. Communication and response system
Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. Inspector attempted to initiate a call to the resident-staff communication and response system on May 1, 2012 from a resident's call badge. Inspector noted the white light outside the resident's room did not activate. Inspector spoke with a PSW who identified that a page was received however the page did not indicate the resident's location, only that the resident required assistance. The licensee failed to ensure the home is equipped with a resident-staff communication and response system which clearly indicates where the signal is coming from. [O.Reg. 79/10, s.17(1)(f)]
2. Inspector attempted to initiate a call to the resident-staff communication and response system on May 2, 2012 from a resident's call badge. The resident was in their room at the time, inspector initiated the call and noted the white call light outside the resident's room did not activate. Inspector spoke with the PSW who identified that a page was received; however the page indicated the resident, who was in room 109 at the time of the call, required assistance in room 108. Inspector observed the call was registered on the unit's computer however also indicated that the resident who was in room 109 required assistance in room 108. The licensee failed to ensure the home is equipped with a resident-staff communication and response system which clearly indicates where the signal is coming from. [O.Reg. 79/10, s.17(1)(f)]
3. Inspector attempted to initiate a call to the resident-staff communication and response system on May 1, 2012 from a resident's call badge. Inspector noted that the call was received by the PSW pager, however the page did not include the resident's location, only identifying the resident required help. Inspector, the PSW and the RPN reviewed the unit's computer and noted that the residents call was not registered on the computer and the resident's call badge was not included in the list of residents. The licensee failed to ensure the home is equipped with a resident-staff communication and response system which clearly indicates where the signal is coming from. [O.Reg. 79/10, s.17(1)(f)]
4. Inspector attempted to initiate a call to the resident-staff communication and response system on May 2, 2012 at 11:15h from a resident's call badge. Inspector noted after the resident pressed the badge that the light outside the resident's room did not activate, inspector then attempted to initiate the call from the resident's badge noting again the light outside the resident's room did not activate. Inspector reported findings to a PSW who proceeded to test the badge and was able to successfully initiate the call. The PSW identified no previous page had been received when inspector and resident had attempted to initiate the call. Inspector returned at 14:55h and attempted to initiate a call from the resident's badge. Inspector noted the call did not register. The resident then proceeded to press the call badge, inspector noted at no time did the resident's light outside the room activate. Inspector spoke with a PSW at the nursing station who confirmed that no page had been received from the resident. The PSW then proceeded to test the badge which did not initially activate when tested by the PSW. Following several attempts by the PSW and the RPN the bell did activate. The resident's badge was then removed to be sent for repairs, the resident was provided with a manual bell at that time. The licensee failed to ensure the home is equipped with a resident-staff communication and response system which is on at all times. [O.Reg. 79/10, s.17(1)(b)]
5. Inspector attempted to initiate a call to the resident-staff communication and response system on May 1, 2012 at 15:40h from a resident's call badge. Inspector noted after pressing the badge that the light outside the resident's room did not activate, the call was not registered on the unit's computer which monitors the system (the resident's badge was not displayed on the computer at all) and staff did not receive a page to their pagers. Inspector spoke with the RPN who also tested the resident's badge and confirmed that it was not functioning or registering the call. The RPN proceeded to change the battery in the resident's badge; upon further testing the badge did activate the system. The licensee failed to ensure the home is equipped with a resident-staff communication and response system which is on at all times. [O.Reg. 79/10, s.17(1)(b)]

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home

Specifically failed to comply with the following subsections:

s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

- (a) the home lacks the physical facilities necessary to meet the applicant's care requirements;**
- (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or**
- (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

s. 44. (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,

- (a) the ground or grounds on which the licensee is withholding approval;**
 - (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;**
 - (c) an explanation of how the supporting facts justify the decision to withhold approval; and**
 - (d) contact information for the Director. 2007, c. 8, s. 44. (9).**
-

Findings/Faits saillants :

1. Inspector reviewed a refusal letter for a potential resident dated April 5, 2012. Inspector noted the letter identifies the applicant's diagnosis and related concerns, not a lack of nursing expertise. Further, the letter does not include a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care and an explanation of how the supporting facts justify the decision to withhold approval. The licensee failed to ensure that if the licensee withholds approval for admission, the licensee shall give written notice setting out, the ground or grounds on which the licensee is withholding approval and a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care and an explanation of how the supporting facts justify the decision to withhold approval. [LTCHA 2007, S.O. 2007, c.8, s.44(9)]
2. Inspector reviewed a refusal letter for a potential resident dated January 23, 2012 and a further response dated February 7, 2012. The letter does not identify what physical facilities Pioneer Manor lacks to meet the applicant's care requirements. The licensee failed to ensure that if the licensee withholds approval for admission, the licensee shall give written notice setting out, the ground or grounds on which the licensee is withholding approval and a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care and an explanation of how the supporting facts justify the decision to withhold approval. [LTCHA 2007, S.O. 2007, c.8, s.44(9)]
3. Inspector reviewed a refusal letter for a potential resident dated January 23, 2012 and a further response dated February 7, 2012. The letter does not include a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care and an explanation of how the supporting facts justify the decision to withhold approval. The licensee failed to ensure that if the licensee withholds approval for admission, the licensee shall give written notice setting out, the ground or grounds on which the licensee is withholding approval and a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care and an explanation of how the supporting facts justify the decision to withhold approval. [LTCHA 2007, S.O. 2007, c.8, s.44(9)]
4. Inspector reviewed a refusal letter for a resident dated January 23, 2012 and a further response dated February 7, 2012. The letter identifies the applicant's diagnosis and related concerns, not a lack of nursing expertise. The licensee failed to approve the applicant's admission to the home unless, the home lacks the physical facilities necessary to meet the applicant's care requirements or the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements. [LTCHA 2007, S.O. 2007, c.8, s.44(7)]
5. Inspector reviewed a refusal letter for a potential resident dated January 23, 2012 and a further response dated February 7, 2012. The letter identifies that staffing levels are not available to meet care requirements, not nursing expertise. The letter further identifies that equipment is unavailable not that the physical facilities do not meet the applicants care requirements. The licensee failed to approve the applicant's admission to the home unless, the home lacks the physical facilities necessary to meet the applicant's care requirements or the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements. [LTCHA 2007, S.O. 2007, c.8, s.44(7)]
6. Inspector reviewed twenty different short stay refusal letters on May 1, 2012. The letters had various dates between January 23, 2012 and April 16, 2012. Inspector noted that all twenty refusal letters identified one of two different reasons. The letters either identified, "The client does not meet the minimum criteria established for Pioneer Manor's respite bed which stipulates that the client must have a diagnosis of Alzheimer's disease or other dementia" or "The client's care requirements exceed the resources available in the home area where the respite bed is located". These letters identify the client as not having a specific diagnosis or the home's lack of resources, not a lack of physical facilities or nursing expertise necessary to meet the applicant's care requirements. The licensee failed to approve the applicants' admission to the home unless the home lacks the physical facilities necessary to meet the applicant's care requirements or the staff of the home lack the nursing expertise necessary to meet the applicants care requirements. [LTCHA 2007, S.O. 2007, c.8, s.44(7)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following subsections:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours;
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. Inspector reviewed the plan of care for a resident. Inspector noted the plan of care identifies the resident at a risk for altered skin integrity. Inspector noted the resident was on a leave of absence, for greater than 24 hours, and upon return did not receive a skin assessment by a member of the registered nursing staff. The licensee failed to ensure that a resident exhibiting altered skin integrity receives a skin assessment by a member of the registered nursing staff upon any return from an absence of greater than 24 hours. [O.Reg. 79/10, s.2(a)(iii)]
2. Inspector reviewed the plan of care for a resident. Inspector noted the plan of care identifies the resident at a risk for altered skin integrity. Inspector noted the resident was on an leave of absence, for greater than 24 hours, and upon return did not receive a skin assessment by a member of the registered nursing staff. The licensee failed to ensure that a resident exhibiting altered skin integrity receives a skin assessment by a member of the registered nursing staff upon return from an absence of greater than 24 hours. [O.Reg. 79/10, s.2(a)(iii)]
4. Inspector reviewed the plan of care for a resident. Inspector noted the plan of care identifies the resident at a risk for altered skin integrity. Inspector noted the resident was hospitalized and upon return did not receive a skin assessment by a member of the registered nursing staff. The licensee failed to ensure that a resident exhibiting altered skin integrity receives a skin assessment by a member of the registered nursing staff upon any return from hospital. [O.Reg. 79/10, s.2(a)(ii)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 23rd day of May, 2012



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

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