

Pioneer Manor 2024 2nd Quarter Report

Presented To:	Community and Emergency Services Committee
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Report Summary

This report provides information regarding a quarterly update with respect to operational issues, activities, and accomplishments in support of resident safety goals, objectives, and good news stories for Pioneer Manor.

Relationship to the Strategic Plan, Health Impact Assessment and Climate Action Plans

This information report supports Council's Strategic Plan in the areas of Asset Management and Service Excellence and more specifically in Creating a Healthier Community through alignment of the Population Health Priorities of Families, Holistic Health, and the Age Friendly Strategy.

Financial Implications

There are no financial implications associated with this report.

Background

This report provides a status update on various topics, such as good news stories, operational activities, accomplishments, updates for the 2nd quarter of 2024. Pioneer Manor is committed to providing a safe, healthy, and respectful environment for residents, families, visitors, and employees. The Home strives towards finding a balance between resident safety and that their quality of life is not being adversely affected by the current safety measures.

Good News Stories

In the second quarter of this year, 126 volunteers have provided 1213 hours of care to the residents at Pioneer Manor (year to date 2219.75) and on April 24, 2024, a Volunteer Recognition luncheon was held to celebrate their dedication and contributions.



Life enrichment has been organizing many annual events including the celebration of Mother's Day with the addition of glamour shots; Sudbury Classic Cruisers came by with classic cars; there was Italian programming with the Caruso Club; classical jazz music with the Sudbury Symphony Orchestra; as well as participating in the Indigenous Peoples Day. The highlight of the quarter was the return of the Pioneer Manor Choir with the first Spring Concert since 2019 (oldest member 103).



Dental Hygienist

Tracy Coyne of Absolute Dental Hygiene Care began offering dental assessments, cleanings, and other services to residents. The fees for the initial dental assessment and all other services are coordinated directly through Tracy Coyne. Once the consent form is completed an appointment is scheduled directly with the resident and/or their substitute decision makers.

Quality Improvement Plan

The last meeting for the Quality Committee was in May 2024. Work completed in the second quarter included sharing the Resident/Family Satisfaction results with staff, completing Minimal Lift training part II, and installing of the new Wander Alert system.

For the coming months work will continue to improve the Resident Care Conference experience and identification of actions necessary to address opportunities for improvements as noted in both the Resident/Family and Staff surveys.

Capital Bed Redevelopment

Progress on the new wing is progressing well. The relocation of the existing parking lots was completed in the fall, with the construction of two new parking areas. This allowed for the movement of staff parking, paving the way for the installation of the building piles and foundation over the last several months. Other underground work completed to date includes the installation of new gas, electrical, water, and stormwater management lines. Piles for the structural loading of the new building were installed in late winter/early spring of 2024 and the foundation work completed in the two months following that. Upon completion of the foundation, structural steel for the first four floors is now installed including hollow core floor slabs for the first 3 floors are now installed. Siding and building envelope is also progressing. Work at the link of the new wing to the existing home is underway with the new grade beams installed and prepared for pouring of concrete.

Renovations in the existing home are underway and several portions of the home have been turned over to the Contractor. They began with removal of existing walls in the November wing (OTN / hair dressing hallway) to prepare the new hallway which will eventually join up with the new link to the new wing. Reinforcements to the existing structure have been completed in some areas and work is continuing. Electrical panel relocations are also underway due to the movement of walls.

In the coming months, work on completing the structural frame of the building will continue as well as the closing of the building envelope ahead of winter. A new electrical primary feeder will be installed with GSU in September allowing for the completion of the work where the new link will be established. Paving of the ring road and parking lots are expected to be completed by the end of August 2024.



Minor Capital One-Time Funding for Pioneer Manor

Following the 2024 provincial budget Pioneer Manor received a one-time payment of \$2,543 per bed funding top-up intended to provide financial support for longer-term care home to help address key capital maintenance priorities. The terms and conditions for the funding identify three primary areas of focus: the installation of fire sprinklers, tackling deferred maintenance, and advancing LTC redevelopment projects through the application and approval process. Drawing from previous capital prioritization requests and Pioneer Manor Building Condition Assessment (BCA) data, the funding will be allocated to this deferred maintenance in accordance with the Long-Term Care (LTC) Minor Capital Funding. No funding will not be allocated for fire sprinklers or bed redevelopment as the Home is already compliant with Ontario Fire Code requirements, and construction has already begun for bed redevelopment.

Capital projects the funding will be allocated to include:

- Brick Fascia - We are asking for the renewal of the original brick fascia from 1951. This area includes a walkout patio for resident/family enjoyment and gardening. The initial assessment of the area deemed the entrance used by residents unsafe to pass under. Concerns over the possible dislodgment of bricks may fall on residents or greater catastrophic collapse can occur. The residents are not able currently to enjoy their outdoor space.
- Millwork - Pioneer Manor must begin the renewal of 7 resident serveries (service kitchen) of its millwork. These resident serveries are more than 20 years old and require an asset management plan to sustain the critical infrastructure of the resident's home. Resident serveries play a critical role in providing meals and nourishment to the residents. They serve as mini kitchens where food preparation, storage, and distribution take place. However, due to their age, the millwork in these serveries has deteriorated significantly over time. The existing issues include worn-out surfaces, damaged cabinets, inadequate storage solutions, and an overall diminished aesthetic appeal.
- Windows - The windows in Park Place are no longer maintaining an adequate seal, leaving the home to attempt to maintain adequate temperature throughout the year, which is a non-compliance with the Ministry Long-Term Care.
- Resident bathroom doors - The resident rooms require the replacement of the bathroom doors which are critical infrastructure of the resident's rooms. Millwork and hardware are at end of life, and no longer repairable.

The 2025 Capital Budget will be updated to reflect the provincial one-time funding top-up for minor capital to ensure no impact to the annual operating cost and the levy. Regular updates will be provided in the Pioneer Manor quarterly report to Emergency and Community Services Committee.

Inspections

2020 to 2023 Ministry of Long-Term Care Inspection Analysis

All Long-Term Care homes across Ontario are inspected - with or without notice, by various Ministries and Agencies in response to critical incidents or to discuss complaints/concerns. Additional scrutiny also ensures

compliance with various directives and/or bylaws and work is being conducted in accordance with legislation and regulations. During the second quarter of 2024, the following number of inspections occurred at Pioneer Manor. The Home has addressed all identified areas.

	Inspections	Outcome
Ministry of Long-Term Care	1	1 compliance order under Duty to Protect and 7 written Notification under: <ul style="list-style-type: none"> • Plan of care • Complaints procedure • Reporting certain matters to the director • Oral Care • Transferring and Positioning Techniques • Policy to Promote Zero Tolerance of Resident Abuse or Neglect • Administration of Drugs
Mandatory Critical Incident System	30	Of the 30 submissions:10 have been founded and substantiated – related to resident abuse
Ministry of Labor	0	
Public Health (IPAC)	1	Outbreak review no issues
Public Health (Institutional Food Safety Compliance)	20	5 violations – resolved in time frame. <ul style="list-style-type: none"> • Pest control (2) • Cracked countertop. • Handwash sink no hot water. • Dishwasher thermometer

2020 to 2023 Ministry of Long-Term Care Inspection Analysis

Effective April 11, 2022, the *Fixing Long-Term Care Act, 2021* (FLTCA) and *Ontario Regulation 246/22* replaced the previous *Long-Term Care Homes Act, 2007* (LTCHA) and *Ontario Regulation 79/10* as the governing legislation for long-term care in Ontario. If an inspector or the Director under the Act finds non-compliance, they consider the scope and severity of the non-compliance, and the compliance history (up to three years) of the Home to determine the appropriate compliance actions to take under the new FLTCA. Outlined below is Pioneer Manor’s non-compliance history from 2021 to 2024. See *Appendix 1* below for potential outcome when the Home is found to be non-compliant with the act or regulations. The following chart indicates that the Home demonstrates a trend of reducing areas of non-compliance.

	2021	2022	2023	2024
Remedied Non-Compliance (RN)	N/A	2	0	0
Written Notification (WN)	12	7	10	10
Voluntary Plan of Correction (VPC)	10	1	Not Applicable	Not Applicable
Compliance Order (CO)	0	0	2	1
Administrative Monetary Penalties (AMP)	Not Applicable	Not Applicable	0	0
Order Requiring Management	Not Applicable	Not Applicable	0	0
Increased Fines for Offences	Not Applicable	Not Applicable	0	0
Investigations	Not Applicable	Not Applicable	0	0
License Suspension and Supervision	Not Applicable	Not Applicable	0	0
Total Areas of Non-Compliance	22	10	12	11

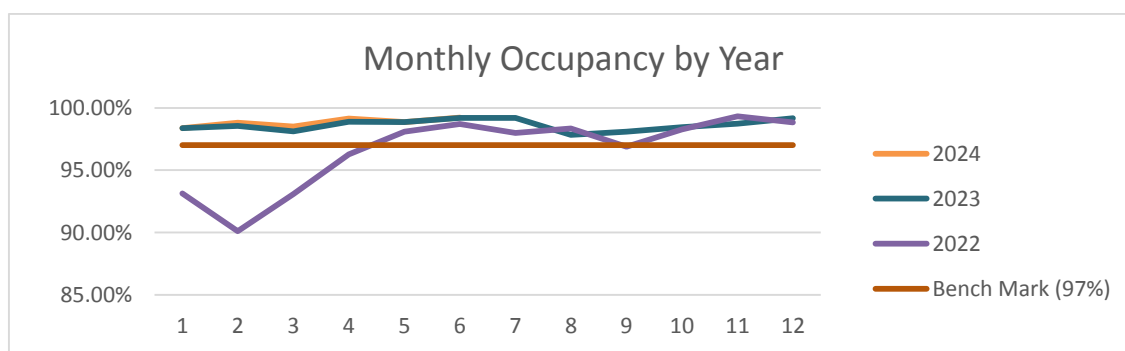
Concerns/Complaints

During the second quarter of 2024, the following number of complaints were received by the Home, investigations and responses provided as per the *FLTCA, 2021* and *Ontario Regulation 246/22*.

	Number Received	Outcome
Resident and or Family Members	0	
Resident Council (RC)	3	Resolved
Family Council (FC)	0	

Key Performance Indicators

Long-Term Care Home Availability 2024					
Facility Name	Beds	# On waitlist for Basic Bed	# On waitlist Private Beds	Total # waiting	
Pioneer Manor	433	446 Total 205 (by first choice only)	251 Total 69 (by first choice only)	615 Total 274 (by first choice only)	
Sudbury/Manitoulin	1555	999 (by first choice only)	291 (by first choice only)	1290 (by first choice only)	
Resident Stats		2021	2022	2023	2024 (Jan to June)
Admissions		136	165	139	54
Discharges		4	6	3	2
Deaths		126	154	135	55
Internal transfers		132	126	100	36
Occupancy Rate		98.8%	96.63%	98.62%	



Infection Prevention and Control (IPAC)

Outbreaks – Second Quarter 2024

Type of Outbreak	Outbreak Declared	Outbreak Declared Over	Duration (Days)	Number Impacted	
				Home Area(s)	Residents
Metapneumovirus	April 2	April 16	13	1	8
COVID-19	April 11	April 26	15	2	19
	June 3	June 12	8	1	5
Parainfluenza	April 18	May 9	19	1	16
	May 17	May 29	11	2	14

The Ministry's inspection program focuses on ensuring that licensees comply with the FLTCA and protecting and promoting the quality of care and quality of life for residents. This is achieved by performing unannounced inspections and enforcement measures as required and ensuring that actions taken by the government are transparent. The new proactive inspections program adds to the current program and allows the Ministry inspector to proactively visit each LTC home every year, all the while continuing reactive inspections to promptly address complaints and critical incidents.

The FLTCA includes new and strengthened compliance and enforcement tools to improve resident care and safety. These tools will be used as part of the Ministry of Long-Term Care's (the ministry's) inspection program, which aims to hold licensees to account for the care they provide.

Compliance and Enforcement Tools under the FLTCA

1. Remedied Non-compliance (RN) **[New]**
 - Provides a way for an inspector to address very low-risk instances of non-compliance during an inspection without having to take further compliance action.
 - Can only be used when a licensee is able to demonstrate they have remedied the non-compliance during an inspection and the inspector is satisfied that the non-compliance caused no harm and created no risk of harm to a resident.
2. Written Notifications (WN)
 - Used to communicate a finding of non-compliance.
 - Unlike the (former) LTCHA, the FLTCA does not allow the inspector to issue a voluntary plan of correction as a possible compliance action.
3. Compliance Orders (CO) **[Updated]**
 - Requires a licensee to do anything or refrain from doing anything to achieve compliance with the FLTCA. In addition, must prepare, submit, and implement a written plan for achieving compliance.
 - 2 new aspects of CO that may direct licensee to take a certain action, such as, arrange for specific staff to receive training or allow the ministry/agents/contractors to perform any work or activity at the LTC home at the licensee's expense.
4. Administrative Monetary Penalties (AMP) **[New]**
 - Intended to encourage compliance and increase accountability for repeated non-compliance through non-punitive monetary penalties.
 - Must be issued if the licensee has not complied with a CO made under the FLTCA; or has not complied with a requirement under the FLTCA and it results in a CO being issued and the licensee has received at least one other compliance order for non-compliance with the same requirement within a three-year period.
5. Order Requiring Management **[Updated]**
 - Licensee to retain a temporary manager to assist in managing the LTC home (entire operations or specific issues related to the operations i.e., IPAC, financial or clinical operations). In circumstances present in a LTC home that are harmful to the health, safety, or welfare of residents; or if there is an emergency, for example, an outbreak of disease or a pandemic.
6. Increased Fines for Offences **[New]**
 - Maximum fines upon conviction of an offence under the FLTCA have doubled. If convicted, fines can be issued in the amount of:
 - \$200,000 for an individual's 1st offence and up to \$400,000 for subsequent offence.
 - \$500,00 for a corporation's 1st offence and \$1,000,000 for subsequent offence.
7. Investigations
 - Expanding capacity to investigate and lay charges for offences when appropriate.
8. License Suspension and Supervision **[New]**
 - May suspend a licensee and appoint a LTCH Supervisor to take over the operations of the home.