

Pioneer Manor 2024 – 4th Quarter Report

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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 4th 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

Capital Bed Redevelopment - Beam Signing

On October 8, 2024, Mayor and Council joined residents, families, visitors, consultants, contractors, and staff in signing the final steel beam to be placed in the new building. This ceremony marked a significant milestone in the construction project to showcase this significant project and informed the community about the accomplishments achieved so far.



Project SEARCH

The official signing day for the Project SEARCH interns was held on October 3, 2024. The event was well attended with the support of the intern's families, friends, Rainbow District School Board staff, March of Dimes staff, and Pioneer Manor staff.



Reflection Room

A new reflection room (formerly the parlor room) opened in the Tulip Home Area. Open to residents and their families, this room is designed to provide a safe and welcoming environment for those seeking a peaceful space for personal reflection, spiritual practice, or a moment of rest. It is dedicated to fostering an atmosphere of calm and support for all who visit.



Diwali – Festival of Lights Celebrations

Sukhbeer Kaur, Life Enrichment Worker, along with a community member, celebrated Diwali on November 6, 2024, with residents and staff. She explained the importance of Diwali celebrations in her culture, made Diwali decorations, played games, shared stories and videos, and performed traditional dances from her region.



Remembrance Day

On November 7, 2024, members of Branch 76 Royal Canadian Legion, including a Colour Party, led residents in a Remembrance Day service to honour and recognize all individuals (including First Nations, Inuit, and Metis people) who served our country as well as individuals who continue to fight for peace. The service is a smaller version of the one that is provided each year at the cenotaph.



Wahnapiatae First Nation – Mini Pow Wow

To celebrate the Winter Solstice, members from the Wahnapiatae First Nations held a mini-Pow Wow at Pioneer Manor on December 11, 2024. The event included Smudging, Pow Wow Drums, Dancers along with an Elder who shared teachings.



The Pioneers - Christmas Concert

Musical voices filled the Pioneer Manor Winter Park on December 18, 2024, as the Home's resident choir, The Pioneers, shared their singing talents with residents, families, and staff at the annual Christmas concert. The choir is directed by Life Enrichment Workers and volunteers.



Quality Improvement Plan

As part of our commitment to enhancing medication safety and improving workflow efficiencies, Pioneer Manor successfully transitioned to the EMAR medication administration system from the OneMAR system. The rollout began on November 6, 2024, and spanned a period of two months. This new system streamlines medication administration processes, reduces the potential for errors, and provides staff with a more user-friendly interface for documenting care. To ensure a smooth transition, we implemented several key strategies, including comprehensive staff training to familiarize team members with the system, on-site support during the initial rollout phase, and on-call assistance during off-hours to address any challenges. Additionally, a designated staff member acted as a liaison between frontline users and the EMAR team, ensuring any issues were identified and promptly resolved.

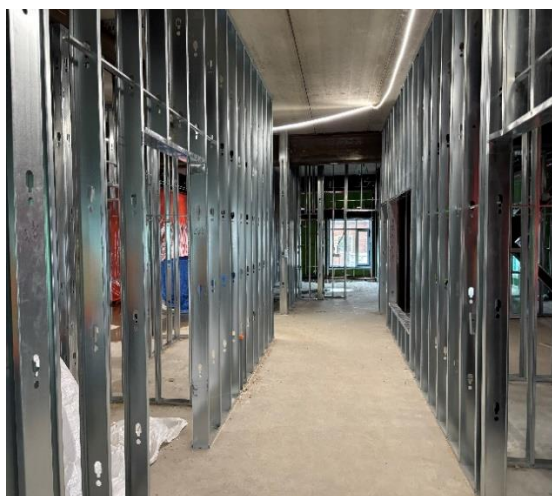
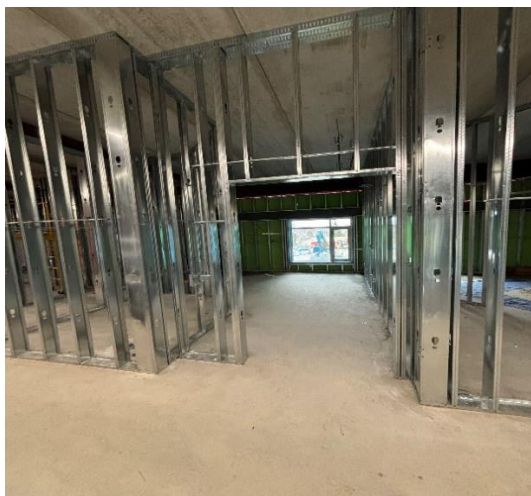
The transition has already shown promising outcomes, with staff reporting greater ease in tracking medications and improved accuracy in documentation. The system's real-time alerts have also contributed to enhanced resident care by preventing medication errors. The successful rollout highlighted collaborative efforts of staff members as demonstrated by team leadership shown by key staff members, who exceeded expectations in supporting their peers and resolving challenges. Moving forward, staff will continue to monitor the system's performance and gather feedback to optimize its continued use. Staff are commended for their dedication to improving care processes and ensuring the best outcomes for our residents.

November 25, 2024, marked the start of the winter/spring menu as reviewed and approved by the Resident Food Committee and by Resident Council. The Nutrition and Food Services section continues to improve the overall nutrient profile and quality of foods, while meeting best practice standards required for all textures and/or individual therapeutic requirements. The new menu offers a variety of cultural foods, including beef and lamb Greek gyro, Greek chicken salad, dahl soup and a local favourite – porketta.

Capital Bed Redevelopment

As of November 30, 2024, the project is 40% completed and remains on schedule. The building's structural steel framework is complete, with all floors fully erected and concrete poured. The building envelope and the roof is completely watertight, providing enclosure for winter construction. Interior framing work has commenced on the lower floors while the work of installing new electrical primary feed cable in an enclosed concrete trench has been completed and backfilled to grade along the rear access road.

Renovation work inside the existing home is well underway; the existing bistro and kitchen entrance (from bistro side) has been sealed off for the completion of demolition. This work forms part of the broader plan to integrate the new wing with the existing facility, with structural reinforcements to be completed in several areas. Change orders to date are within contingency and are tracking to remain under budget, barring any unforeseen circumstances.



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 fourth quarter of 2024, the following number of inspections occurred at Pioneer Manor. The Home has addressed all identified areas.

Ministry / Agency	Inspections	Outcome
Ministry of Long-Term Care	2	November compliance visit - Four written notifications issued. Documentation, Lifts and Transfers, Continence Care, Bowel Management and Administration of Drugs. December compliance visit - No non-compliance found.
Mandatory Critical Incident System	14	Five submissions have been founded and substantiated.
Ministry of Labour, Immigration, Training and Skills Development	2	Harassment complaint against a resident that the staff felt was not investigated, and complaint of mice activity.
Public Health (IPAC)	9	No areas of non-compliance noted.
Public Health (Institutional Food Safety Compliance)	13	Seven violations resolved.

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.

Infection Prevention and Control (IPAC)

Outbreaks – Fourth Quarter 2024

Type of Outbreak	Declared	Declared Over	Duration (Days)	Number Impacted	
				Home Area(s)	Residents
COVID 19	October 1	October 10	9	Cedar	4
COVID 19	October 10	October 19	9	York Ramsey	5
Rhinovirus	October 7	October 25	18	York Ramsey	8
Human Coronavirus	October 5	October 17	12	Ramsey Scenic	7
COVID 19	October 10	October 24	14	Lodge 2	8
COVID 19	October 12	October 20	8	Lilac Mallard	3
COVID 19	October 12	October 20	8	Poplar	4
COVID 19	November 25	December 14	19	Tulip	10
COVID 19	November 22	December 18	25	Trillium	10
COVID 19	November 21	December 2	11	Park Place	6
RSV	November 26	December 7	11	York Ramsey	6
Rhinovirus	November 28	December 15	17	Pine	5
COVID 19	November 30	December 10	10	Pine	6
COVID 19	November 27	December 6	9	York Ramsey	5
COVID 19	December 4	December 16	12	Cranberry	5

2024 Summary of Infection Prevention and Control (IPAC)

During 2024 Pioneer Manor worked collaboratively with our community partner [Public Health Sudbury & Districts (PHSD)] on a total of 24 respiratory outbreaks. These outbreaks amounted to a total of 261 days during which Pioneer Manor was in a declared outbreak by PHSD.

Outbreaks are declared by the Medical Officer of Health for Sudbury & Districts when Provincially set thresholds are met based on best practice guidelines and recommendations of Public Health Ontario. To mitigate the spread of illness (respiratory or enteric) amongst the resident and staff populations, Pioneer Manor staff work to ensure that the health and safety of our Residents remains our highest priority.

Appendix 1

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)
 - 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)
 - 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)
 - 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
 - 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
 - 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.
 - \$500,000 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
 - May suspend a licensee and appoint a LTCH Supervisor to take over the operations of the home.