

## **Pioneer Manor 2025 – 2nd 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.

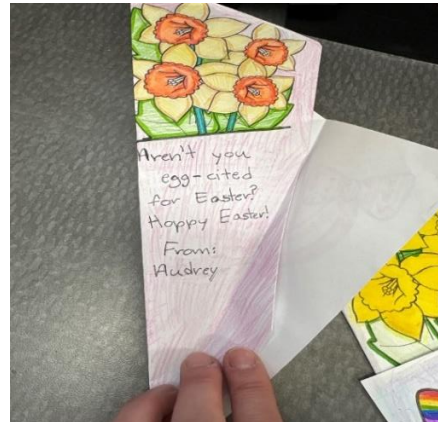
### **Background**

This report provides a status update on various topics, such as good news stories, operational activities, accomplishments, updates for the 1st quarter of 2025. 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

### Easter Cards from Holy Trinity School

Students from Holy Trinity School generously dedicated their time and creativity to crafting Easter cards for every resident at Pioneer Manor. Each card took the form of a vibrant paper bouquet, lovingly handmade with bright colors and festive decorations to capture the joy of the season. What truly made the gesture special was the personal touch. Each card featured a heartfelt, handwritten message tailored to the recipient. These thoughtful creations offered more than seasonal cheer; they were unique expressions of kindness and connection, reminding every resident that they are seen, valued, and remembered during the Easter holiday.



### Volunteer Recognition Luncheon

On May 7, 2025, Pioneer Manor celebrated our amazing volunteers for their dedication and impact. Guests enjoyed a delicious meal prepared by staff in a warm, festive setting. In 2024, volunteers contributed over 4,500 hours, spreading kindness and making a meaningful difference in the lives of our residents. We are truly grateful for their compassion and commitment.



### **Chinese Association of Greater Sudbury**

On May 14, 2025, the Chinese Association of Greater Sudbury's dance team lit up Pioneer Manor with a vibrant Mother's Day performance. Blending traditional and modern Chinese dances, the event brought joy, culture, and celebration to residents, creating a truly memorable afternoon.



### **Coniston Lions Club – Assisting Resident Council with BBQ**

Pioneer Manor was thrilled to kick off BBQ season with help from the generous members of the Coniston Lions Club. Their support made the event a joyful success, bringing residents, staff, and volunteers together for great food, laughter, and connection. Heartfelt thanks to the Lions for making it all possible, we look forward to more moments like this!



### **Sudbury Symphony – Duo 46 Concert**

On June 4, 2025, Pioneer Manor welcomed Sudbury Symphony-Duo 46, who put on a concert for the residents in our Winter Park. Their intriguing mix of music depicts the impressions and experiences of modern-day composers, capturing an array of style and emotion with a library of literally hundreds of original twentieth-century works for violin and guitar duo.

### **Celebrating Italian Heritage Month**

Pioneer Manor's Italian Club celebrates Italian culture with quarterly events like pasta making, music, and tombola. On June 4, 2025, in honor of Italian Heritage Month, volunteers from the Calabria Social Club and Societa Caruso joined in with support and generous donations. The club continues to foster community and cultural pride, thanks to strong local partnerships.



### **Celebrating Indigenous Heritage**

Pioneer Manor celebrated Indigenous Peoples and the Strawberry Moon with a meaningful event filled with cultural teachings, fresh Skaan, and strawberries. Residents came together to honour traditions, enjoy delicious treats, and strengthen community connections through shared heritage.



### **The Pioneer's Choir Concert**

On Tuesday, June 17, the eighteen-member Pioneers Choir held their annual spring concert, Echoes: Love Songs from Days Gone By, delighting a full audience with timeless hits from Perry Como to The Beatles. Rehearsals inspired growth, harmony, and camaraderie, culminating in a joyful celebration of the unifying power of music.



### **Goat Cuddles and Courtyard Smiles**

On Wednesday, June 25, 2025, Pioneer Manor welcomed three baby goats and their mom for a joyful courtyard visit. Residents, staff, and families shared smiles, laughter, and unforgettable moments—many experiencing goats up close for the first time. Special thanks to Goat-For-A-Walk for bringing such happiness and cherished memories.



### **Quality Improvement Plan**

#### **Ministry of Labour Inspection – Compliance Orders and Safety Enhancements at Pioneer Manor**

Following a Ministry of Labour inspection focused on the safe handling of cytotoxic medications and related hazardous waste, the City received three compliance orders aimed at enhancing staff safety.

Cytotoxic medications—classified as hazardous—include certain cancer treatments, hormonal therapies, and psychiatric drugs. These substances can pose risks beyond their intended therapeutic effects. In rare cases, direct contact with these medications or with the bodily fluids of individuals receiving them may present health risks to others. Potential effects include infertility, genetic mutations, developmental harm to unborn children, cancer, and long-term organ damage.

The use of cytotoxic medications is increasing across the long-term care sector, prompting the need for strengthened operational protocols to protect staff. At Pioneer Manor, 10% of the 433 residents are currently receiving cytotoxic medications, while an additional 32% are prescribed medications classified as hazardous. This has necessitated the implementation of enhanced safety measures to ensure employee protection.

To comply with Ontario Regulation 67/93, Section 9 of the Occupational Health and Safety Act (OHSA), Pioneer Manor has introduced new protocols for the safe handling of contaminated clothing and linens from residents receiving cytotoxic and/or hazardous medications. To meet these new legislative safety requirements, Pioneer Manor will require one permanent full-time employee (FTE) dedicated to managing the increased workload associated with the separation and processing of contaminated clothing and linens from all residents receiving hazardous medications.

#### **Reducing Staff Trip Injuries**

Following a trend of staff injuries caused by tripping over fall sensor wires, Pioneer Manor initiated the transition to wireless sensor technology. These sensors, placed on beds or chairs, are used to monitor residents who are at risk of falling if they attempt to get up without assistance. When a change in pressure is detected, the device alerts staff, enabling them to respond swiftly and help prevent a fall.

In January of 2025, the Home began replacing wired systems with wireless devices to eliminate tripping hazards while maintaining vigilant resident care. Already in 2025, Pioneer Manor is seeing a measurable reduction in staff injuries related to this issue, highlighting the positive impact of this proactive safety improvement.

## **Investing in Staff Development and Collaboration**

This year, Pioneer Manor launched a new initiative to address concerns around interpersonal and interdepartmental conflict. The Building a Collaborative and Resilient Workplace program is an interactive, in-person series designed to bring together staff from diverse departments and roles to strengthen teamwork and mutual understanding.

Program sessions focus on key areas such as:

- Enhancing Communication & Clarifying Roles
- Cultivating Respect and Professionalism
- Navigating Generational and Cultural Differences
- Preventing Burnout & Fostering Resilience
- Enhancing Leadership Engagement & Visibility

To date, 23 staff members have completed the program, with a goal of reaching 52 by year's end and the long-term objective of engaging all Pioneer Manor staff. Recognizing that a supportive and collaborative workplace directly contributes to staff satisfaction—and, in turn, to improved resident care—this initiative reflects our continued commitment to fostering a healthy, high-performing work environment.

## **Food Services Subcommittee**

The Food Services Subcommittee met monthly from February to June, engaging families, residents, and staff to strengthen communication and review food service processes aligned with Ministry standards. The

committee will pause over the summer, with plans for a satisfaction survey focused on Food Services and dining. The Summer–Fall 2025 menu, launched on May 26, was well received. It offers lighter seasonal fare,

more fresh produce, and continues to feature resident favorites like burgers, sausages, and Chinese dishes. Interdisciplinary rounds across all 13 Home Areas foster collaboration among departments, encouraging a positive, team-oriented environment focused on enhancing resident care and services.

## **Team Rounding: Boosting Information & Collaboration**

As part of the employee survey action plan focused on enhancing information and collaboration, the results from 234 completed surveys provided key insights into the effectiveness of interdisciplinary team home area rounding meetings. Among respondents, 72% indicated awareness of these meetings, and of those, 79% reported having actively participated. Feedback from participants reveals that this model of communication supports improved understanding within their work environment: 47% strongly agreed and 27% agreed that the meetings helped them better understand what is happening in their home area. With only a small minority expressing disagreement, these results serve as a valuable baseline metric to assess the current impact and guide future efforts to strengthen collaborative communication across teams.

## **Diversity, Equity, and Inclusion (DEI) Awareness Initiative**

As part of our ongoing commitment to a diverse, equitable, and inclusive workplace, new DEI posters have been placed in common areas to spark awareness, reflection, and conversation among staff and visitors. Featuring core themes of Diversity, Equity, and Inclusion, the posters visually reinforce our values and remind everyone of their role in fostering a respectful, welcoming culture. Staff are encouraged to engage with these messages and consider how we can all support DEI principles through our daily actions.

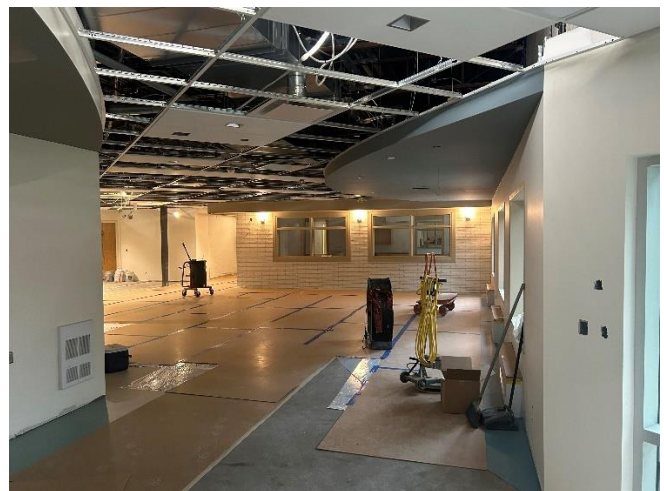


## Capital Bed Redevelopment

As of June 27, 2025, the project is approximately 65% complete and remains on schedule and within budget. All change orders to date have been managed within the established contingency and are projected to remain under budget, barring any unforeseen developments.

The building structure is now fully erected and watertight, with exterior finishing well underway. Interior progress across the five residential floors is advancing rapidly, with plumbing, electrical, drywall installation, painting, and flooring all in progress. HVAC equipment has been successfully hoisted to the rooftop and positioned for installation.

Renovations within the existing facility are also proceeding steadily. The bistro and adjoining kitchen entrance have been sealed off to facilitate demolition, an essential phase in connecting the new wing to the current structure. Structural reinforcements have been completed in several key areas, and the bistro remains on track for turnover in the coming months. Overall, the project continues to advance smoothly and remains well-aligned with key milestones.



## Inspections

### 2020 to 2025 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 2025, 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	During the April compliance visit, two written notifications were issued. The areas of non-compliance were related to transferring and positioning techniques, as well as falls prevention and management. During the May compliance visit, 9 written notifications, 1 remedied non-compliance and 1 compliance order was issued. The written notifications were related to plan of care, duty to protect, reporting certain matters to the Director, doors in a home, continence program, housekeeping, management of complaints and medication incidents and adverse drug reactions. The compliance order was related to pain management.
Ministry of Labour, Immigration, Training and Skills Development	2	Following a Ministry of Labour inspection regarding the safe handling of cytotoxic medications and associated waste, the city received three compliance orders:  1. Proper disposal of cytotoxic and hazardous waste. 2. Implementation of safe handling procedures. 3. Staff education and training.
Public Health (IPAC)	0	
Public Health (Institutional Food Safety Compliance)	18	Six violations, four were resolved and two are work orders in process. Remaining fourteen are resolved.

### 2020 to 2025 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 2025. See *Appendix 1* below for potential outcome when the Home is found to be non-compliant with the act or regulations.

Compliance Action	2021	2022	2023	2024	2025
Remedied Non-Compliance	N/A	2	0	0	1
Written Notification	12	7	10	14	13
Voluntary Plan of Correction	10	1	N/A	N/A	N/A
Compliance Order	0	0	2	1	1
Administrative Monetary Penalties	N/A	N/A	0	0	0
Order Requiring Management	N/A	N/A	0	0	0
Increased Fines for Offences	N/A	N/A	0	0	0
Investigations	N/A	N/A	0	0	3
License Suspension and Supervision	N/A	N/A	0	0	0
Total Areas of Non-Compliance	22	10	12	15	15

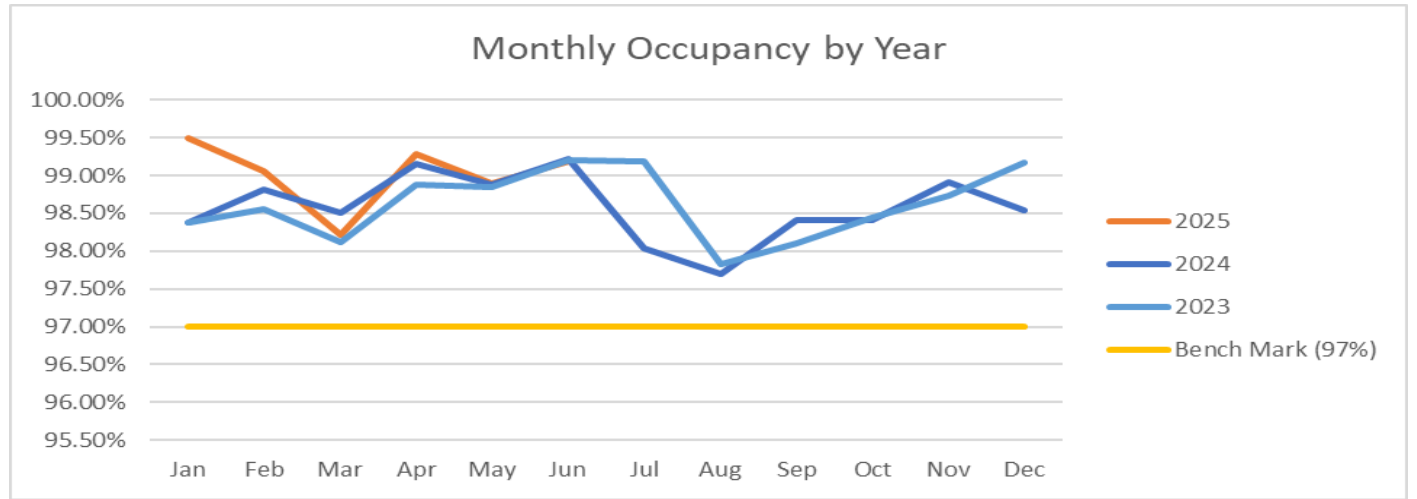
## Written Complaints

During the second quarter of 2025, the following number of complaints were received by the Home, investigations and responses provided as per the *FLTCA, 2021* and *Ontario Regulation 246/22*.

Council	Received	Outcome
Resident / Family Members	1	The front entrance cleanliness concern has been resolved.
Resident Council	2	Requests related to name tags and cable services have both been resolved.
Family Council	4	The two information requests, as well as the request regarding the assessment of water in Lodge One, have been resolved. Monitoring of smoking activity at the front entrance remains in progress.

## Key Performance Indicators

2025 Long-Term Care Home Availability						
Facility Name	Beds	# On Waitlist - Basic Bed	# On Waitlist - Private Beds		Total # Waiting	
Pioneer Manor	433	446 Total 205 (1st choice only)	251 Total 69 (1st choice only)		615 Total 274 (1st choice only)	
Resident Stats		2021	2022	2023	2024	2025
Admissions		136	165	139	126	52
Discharges		4	6	3	4	0
Deaths		126	154	135	124	51
Internal Transfers		132	126	100	73	42
Occupancy Rate		98.80%	96.63%	98.62%	98.56%	98.80%



## **Infection Prevention and Control (IPAC)**

### **Outbreaks – Second Quarter 2025**

Pioneer Manor has not had an outbreak for the months of April, May or June 2025.

## **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 1<sup>st</sup> offence and up to \$400,000 for subsequent offence.
    - \$500,000 for a corporation's 1<sup>st</sup> 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.