

EXECUTIVE SUMMARY

Pioneer Manor is committed to providing a safe, healthy, and supportive environment by treating residents, families, visitors and employees, with respect and fairness. The Home strives towards finding a balance between ensuring resident safety and that the quality of life is not being adversely affected by the safety measures put into place. This report provides an update on activities for the first and second quarter of 2020 at Pioneer Manor.

GOOD NEWS STORIES

Valentine's Day Dinner

On February 10, 2020, residents from the First Floor Lodge (secure Home Area) and their spouses gathered for a wonderful meal. The Pioneer Manor Bistro was beautifully decorated for Valentine's Day with a "restaurant" like atmosphere. As it is extremely difficult to plan an outing with these residents outside the Home, this event allows spouses and other family members an opportunity to enjoy a fine dining experience with their loved ones without the stress of leaving the building. It was also a special evening for Pioneer Manor staff as residents and their family members returned to the Lodge that night, expressing what an amazing time they had.

Recruitment Fair

On February 4, 2020, the Coordinator of Volunteerism and Recruitment attended the Cambrian College Career Fair. Tracking at the booth indicated that approximately 63 students/alumni interested in various positions, visited the Pioneer Manor booth. Further, the Home accepted 9 resumes for Personal Support Worker positions, 7 Practical Nursing student resumes for the summer position, and 1 resume for the Registered Practical Nursing position.

Ambient Activity Approach (ABBY)

Pioneer Manor Resident Council purchased a second Ambient Activity Approach (ABBY) machine which was installed in March. ABBY, is a non-pharmaceutical, activity-based intervention utilizing "Person Centered Care" principles to manage responsive behaviours in people living with dementia. ABBY employs technology allowing residents with dementia to access and interact with appropriate and personalized experiences, memories, and activities. By utilizing interaction with touch-screen technology and software and integrated these with tangible manipulative activities. It reinforces familiarity and personal identity, promotes physical activity, enhances confidence, and promotes independence. The Abby offers a flexible platform that can adapt to the dynamic challenges of individuals living with dementia.

This is the second ABBY provided to the Home. In 2018, Pioneer Manor's pharmacy service provider provided an ABBY which was installed in the Home's secure dementia unit. Since installing this unit, staff have observed improved resident behavior.



St-Jean-Baptiste Day

To mark St-Jean-Baptiste Day on June 24th, at Pioneer Manor, a Francophone resident assisted with the raising of the Franco-Ontarian flag at the entrance of the Home. A traditional French Canadian lunch was served and all residents received a St-Jean-Baptiste card on their lunch tray.

Centre de Sante provided all Long-Term Care Homes with a link to a You-Tube virtual concert which included singing and storytelling that was shared with Residents and staff.

Ministry of Long-Term Care (MOLTC)

Inspections conduct by MOLTC (see reference 1 below for definitions)

During the first two quarters of 2020, the MOLTC contacted Pioneer Manor three (3) times to follow up on eighteen (18) critical incidents that had been submitted. No areas of noncompliance were found.

Between January 20 and 24, 2020, the MOLTC inspectors were on site to conduct a "Critical Incident" and a "Complaints" inspection resulting in the Home receiving one (1) compliance order (CO), one (1) voluntary plan of correction (VPC) and one (1) written notification (WN). The Home has put a plan in place to address all areas of non compliance. In addition, a follow up to a CO received in December 2019 was conducted and the Home was found to be in compliance and the order was lifted.

Between March 2 and 6, 2020 a MOLTC inspector was on site to conduct a "Critical Incident" and a "Follow-up" inspection resulting in the Home receiving one (1) VPC. The Home has put a plan in place to address all areas of non compliance.

Public Inquiry into the Safety and Security of Residents in LTCH System the Honourable Eileen E. Gillese

On February 13, 2020 a Directive regarding, "Glucagon, Severe Hypoglycemia, and Unresponsive Hypoglycemia" was sent to all Long-Term Care Homes in Ontario. Pioneer Manor has reviewed the document and the Home has carried out all requirements.

Critical Incident Reports

All critical incidents (CI) involving residents must be reported to the Director [under the Act] as designated under the *Long-Term Care Homes Act 2007*. The incidents are documented within the on-line Mandatory Critical Incident System (CIS) and received by the the MOLTC (see reference 2 below for definitions).

2020 Q1 and Q2 CIs Relating to "Alleged/Actual Abuse/Assault"		
Number of CI Submitted	24	
Number of CI Resident to Resident	7	29%
Number of CI Staff to Resident	17	71%
Number of Staff to Resident allegations substantiated	10	59%
Number of CIs Visitor to Resident	0	
2020 Q1 and Q2 Other CI's Submitted		
Incident that causes an injury to a resident for which the resident is taken to hospital and which results in a significant change in the resident's health status	10	
Missing Controlled Substance	4	
Unexpected Death	1	
Outbreak	3	

Complaints/Concerns

The following complaints/concerns were received during the first two quarters of 2020.

As per section 56 (2) of the Long-Term Care Homes (LTCH) Act 2007 the Home has a duty to respond in writing within 10 days of receiving the concern, request, or recommendation from either the Resident or Family Councils.

- In response to the Resident Councils' concern regarding high noise levels in the Winter Park, signs were posted throughout the area as well as on the tables to remind everyone to keep the noise level down during services. In addition reminders were given to all staff during team meetings in January.
- In response to the Resident Councils' request to have the smoke shelter open twenty-four hours a day, due to safety concerns they were informed that Pioneer Manor does not have the resources to ensure resident safety in the smoking shelter during night shift.

Due to the COVID-19 pandemic, Resident and Family Council meetings have been suspended since March, 2020.

As per O. Reg. 79/10, s. 101, every written or verbal complaint made to the Home or a staff member concerning the care of a resident or operation of the Home is investigated and resolved where possible, and a response indicating what the licensee has done to resolve the complaint, or that the Home believes the complaint to be unfounded and the reasons for the belief within 10 business days of the receipt of the complaint.

On March 27, 2020, further orders to the state of emergency declared on March 17th indicated that Licensees are not required to report any complaints or other information to the Director, other than critical incident reports and mandatory reports required under the LTCHA and Ontario Regulation 79/10.

As a result, only one (1) written concern was submitted during the first quarter of 2020. The concern was from an anonymous person and was related to meal service.

- The anonymous citizen stated that when PSWs are feeding a resident, they are not following the Dress Code policy specifically relating to hair being clean, neat and any hair that is longer than shoulder length must be tied back or pinned up. As a follow up, the Home communicated to all staff the importance of following the dress code and also added this as an agenda item for all Team Meetings. Continuous monitoring will occur during regular dining room audits and staff will be corrected in the moment when observed.
- The second part of the concern was regarding “running out of food” once or twice a week (if not more). The Food Services Manager closely monitors the amount of food being delivered to Home Areas. This issue is a little more complex to address as the Home uses historical data to determine the accurate quantities for each menu item. However, in saying that we are closely monitoring to ensure all residents are provided enough menu choices. In addition to indicating the quantities of over/short food items following each meal, the audit will now indicate when portions were short as well as if any residents wanted seconds.

Ministry of Labor (MOL)

A field visit via teleconference occurred on March 27, 2020 to investigate a critical injury to a worker who was preparing lunch for residents in the kitchen area, felt unwell and believe to have lost consciousness. The investigation resulted in no findings as the injury occurred due to the worker’s medical condition.

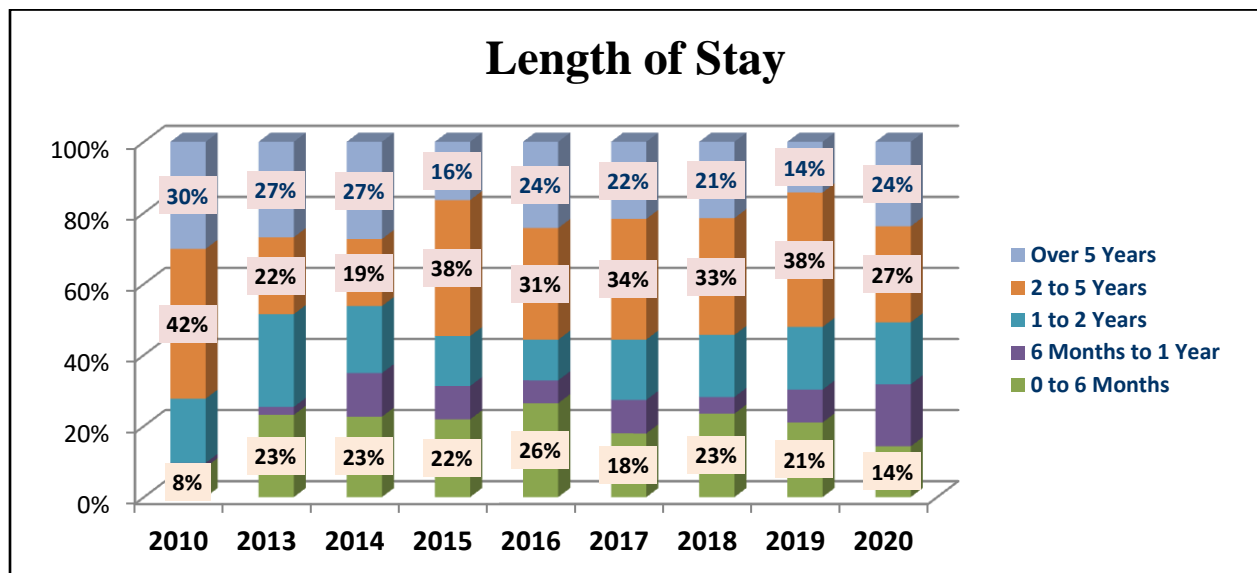
A work refusal was initiated on April 20, 2020. A staff member refused to use the handheld temperature scanner to take temperatures of staff, contractors and family members who enter the Home. The worker refused to do this task as it does not allow the worker to maintain six feet of physical distancing. On April 21, 2020 a filed visit investigation was conducted over the phone with a Ministry of Labour, Training and Skills Development (MLTSD) Inspector as the circumstances reported by the refusing worker did not meet the conditions of Section 43(3) of the OHSA. After reviewing all measures and procedures that were in place in the workplace, the MLTSD inspector indicated that no further MLTSD involvement was required at that time.

Key Performance Indicators

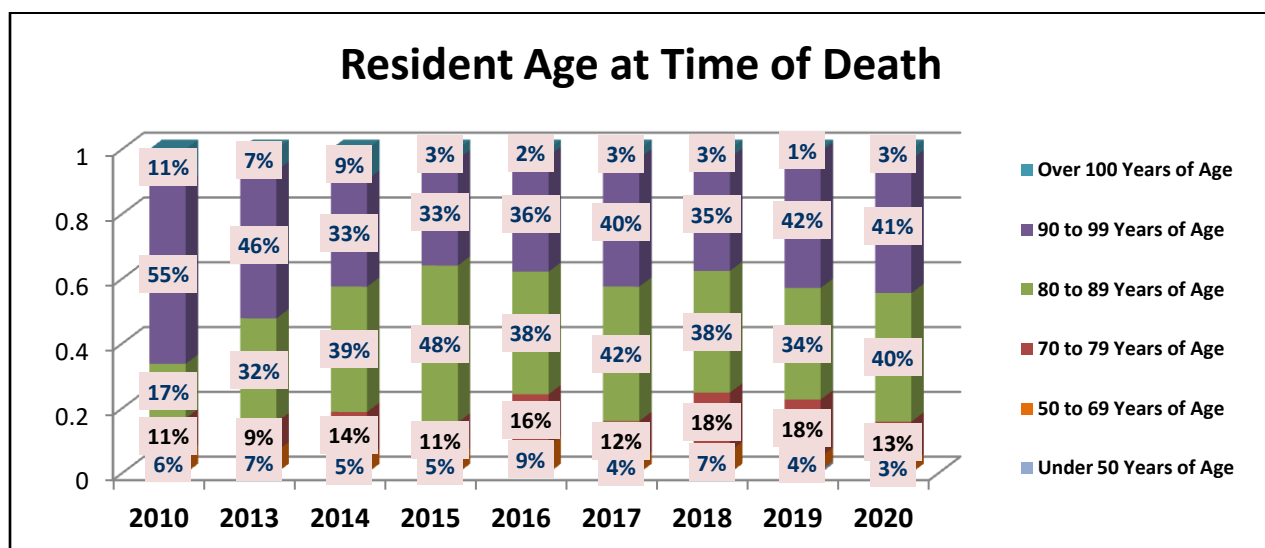
Long-Term Care Home Availability (as of May 2020)					
Facility Name	Beds	# on waitlist for Basic Bed	# on waitlist Private Beds	Average beds available/month	Total # waiting
Pioneer Manor	433	457	201	10	608
North East LHIN	1555			3	1174

Resident Care Stats (433 Residents)		2018	2019	2020 Q1&2
Admissions	Total	144	134	
Discharges	Total	9	11	3
Deaths	Total	149	119	63
Internal Transfers	Total	107	100	47
Occupancy Rate	Required to maintain >97%	99%	99%	97.74%

For the first two quarters of 2020, 97% of residents passed away at Pioneer Manor compared to 86% in 2019 and 81% in 2018. The decline in residents being transferred to the hospital is possibly due to their care needs being met at Pioneer Manor.



For the first two quarters of 2020, 51% of residents who passed away were residents at Pioneer Manor greater than two years compared to 72% in 2010.



For the first two quarters of 2020, 44% of residents were over 90 years of age at time of death compared to 66% in 2010.

Infection Control

Tracking of infection control rates and analysis of the information to identify clusters (note inherited cases are brought into the Home from the community) continued during the first two quarters of 2020.

During the first two quarters of 2020, Pioneer Manor had three (3) outbreaks declared by Public Health Sudbury and Districts (PHSD).

On February 13, 2020, a respiratory outbreak was declared for the Poplar Home Area. A total of three (3) residents were affected by this outbreak, with each symptomatic resident having been placed on droplet isolation for the duration of their illness or for a time period of five (5) days from the onset of their respective symptoms. The respiratory outbreak was declared over on February 21, 2020. A total of two (2) staff were affected by this respiratory outbreak, with staff being advised to not return to work until symptom free or to a maximum of five (5) days from the onset of their symptoms.

On March 24, 2020, a respiratory outbreak was declared for the Killarney Home Area. The outbreak spread to the Lilac/Mallard Home Area on March 25th and then the Ramsey/Scenic Home Area on April 1st. A total of ten (10) residents were affected by this outbreak, with each symptomatic resident having been placed on droplet isolation for the duration of their illness or for a time period of five (5) days from the onset of their respective symptoms. The respiratory outbreak was declared over for Ramsey/Senic on April 12th and on April 16th for the other two Home Areas. A total of eleven (11) staff were affected by this respiratory outbreak, with staff being advised to not return to work until symptom free or to a maximum of five (5) days from the onset of their symptoms.

On April 23 2020 all residents of Pioneer Manor were swabbed for testing for COVID-19 as part of a facility-wide surveillance activity. On April 26, 2020 a COVID-19 outbreak was declared for the entire facility when one (1) resident from the Pine Home Area's surveillance swab returned positive for the virus. On April 27th, an additional two (2) resident's swabs returned positive. One resident was identified on the Killarney Home Area, and the other was a resident of the Park Place Home Area. All three Home Areas on droplet precautions as a precautionary measure, and all residents were isolated to their rooms. . On April 27th, four (4) staff members' swabs returned as positive. All residents and staff remained asymptomatic during the outbreak and tested negative during following up testing fourteen days later. With no further identified cases (staff or residents), PHSD declared the outbreak over on May 12, 2020.

The facility remains on heightened surveillance, and continues with the practice of enhanced hand hygiene measures, screening of staff and residents and universal masking at all times for staff.

COVID-19 Pandemic

On March 17, 2020, a state of emergency was declared in Ontario under the Emergency Management and Civil Protection Act relating to the COVID-19 Pandemic. Pioneer Manor has been vigilant in its efforts to protect its residents, as well as staff and visitors. See attached "Appendix A" for specific details relating to Pioneer Manor's Response to COVID-19.

Public Health Sudbury & Districts (PHSD) Visits

During the first two quarters of 2020, PHSD was in the Home three (3) times to conduct various inspections.

The PHSD was in the Home on February 18, 2020 to conduct an institutional food safety compliance inspection in the main kitchen and bistro. No violations were noted.

The PHSD was in the Home on February 25 and 26, 2020 to conduct an institutional food safety compliance inspection in the thirteen (13) serveries located throughout Pioneer Manor. On February 25th, the Home received one (1) violation relating to dust being observed in the ceiling vent at time of inspection. On February 26th, this violation was cleared and all thirteen (13) serveries found to be in compliance.

The PHSD was in the Home on June 4, 2020 to conduct an annual cold chain inspection. On June 17, 2020 the Home received a violation in regards to the vaccine fridge temperatures not being taken. Although the vaccine fridge thermometer was within the two to eight degree Celsius range at that visit, the temperature recordings were absent on numerous occasions, and often times, full days were missed. These episodes date back to Pioneer Manor's previous inspection on July 9, 2019. In order to ensure vaccine safety and efficacy and reduce waste, PHSD has requested Pioneer Manor to fax them copies of the twice daily temperature readings taken for June through to September by the first Monday of the following month. The Home has put a plan in place to address all areas of non compliance.

Falls Prevention

Number of Residents	Q1&2 2020
Using chair or chair pad sensors	106
Using bed sensors or bed pad sensors	150
Using infrared sensors	5

Monthly audits of universal precautions were completed by committee members. Among the concerns needing attention were; loose bed rails, light not working, call bell in washroom not working, bedrail photo missing, mats left on floor. All areas of concerns were reviewed and issues addressed.

Ongoing monthly audits of bedrail use by night shift RN assessing the consistency between the daily census and practice, and the consistency between resident care plans and practice were completed during the first two quarters of 2020. Any errors noted were corrected.

Facility Services

Remedial painting continued throughout the Home. A generator test was completed during each month of the first two quarters of 2020.

Domestic Hot Water Temperatures

The project to automate the domestic hot water temperatures was completed. These changes have significantly improved the response times of adjusting the domestic hot water temperatures being sent to the floors.

Fire Sprinkler

Tender for the supply, delivery, installation and commissioning an extension of the existing fire sprinklers at Pioneer Manor (in the basement) opened on June 12, 2020 and will close on July 15, 2020.

Emergency Preparedness

During the first two quarters of 2020, fire drills on all three shifts occurred each month. There were twenty-one (21) Code Whites (situation with an actual or potential violent or out of control person). In addition, there were five (5) Code Yellows (missing resident), three (3) Code Reds (fire), and one (1) Code Blue (medical emergency).

Reference 1

The Long-Term Care Home Quality Inspection Program (LQIP) safeguards residents' well-being by continuously inspecting complaints and critical incidents, and by ensuring that all Homes are inspected at least once per year. This is achieved by performing unannounced inspections and enforcement measures as required, and ensuring that actions taken by the government are transparent. The MOHLTC conducts complaint, critical incident, and follow up, comprehensive and other types of inspections. An RQI inspection is a comprehensive, systematic two-stage inspection.

For each instance where 'non-compliance' with the legislation has been identified during an inspection a decision must be made by the inspector on the appropriate action to take, including whether to impose a sanction that is an Order. At minimum the inspector will issue a **Written Notification of Non-Compliance (WN)**. Whether further action is required is based on an assessment of the following factors; severity and scope of harm (or risk of harm) resulting from the non-compliance and the licensee's past history of compliance for the last 36 months. Actions taken may include; **Voluntary Plan of Correction (VPC)**, which is a written request for the Home to prepare a written plan of correction for achieving compliance to be implemented voluntarily. The Home is not required to submit the plan to the ministry. There is no required compliance date set out in the inspection report. **Compliance Order (CO)**, which is an order for the licensee to do anything, or refrain from doing anything to achieve compliance with a requirement under this Act or; prepare, submit, and implement a plan for achieving compliance with a requirement under this Act. The Home is required to follow the Order to achieve compliance with the LTCHA within the timelines for compliance set out in the Order. **Work and Activity Orders (WAO)**, which is an order for the Home to allow employees of the ministry, or agents or contractors acting under the authority of the ministry, to perform any work or activity at the LTC Home that is necessary, in the opinion of the person making the order, to achieve compliance with a requirement under this Act; and to pay the reasonable costs of the work or activity. The Home is required to follow the Order to achieve compliance with the LTCHA within the timelines for compliance set out in the Order. **Written Notification and Referral to the Director (WN & Referral)** is a written notification to the Home that they have referred the matter to the Director for further action by the Director. (*LTCHA, 2007, C.8 s. 152 – 154*).

Reference 2

The LTCH Act defines a CI as an event which poses a potential or actual risk to the safety, security, welfare and/or health of a resident or staff member or to the safety and security of the facility which requires action by staff and/or outside agencies.

- A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the MOLTC Director:
 - Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident,
 - Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident,
 - Unlawful conduct that resulted in harm or a risk of harm to a resident
 - Misuse or misappropriation of a resident's money,

- Misuse or misappropriation of funding provided to a licensee under this Act,
 - An emergency, including fire, unplanned evacuation, or intake of evacuees that affect the provision of care or the safety, security or well being of one or more resident of a LTC Home.
- A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall within one (1) business day report the information upon which it is based to the MOHLTC Director:
 - An unexpected or sudden death, including a death resulting from an accident or suicide,
 - A resident who is missing for three hours or more,
 - Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing,
 - An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act,
 - Contamination of the drinking water supply,
 - An environmental hazard, including a loss of essential services, flooding, breakdown or failure of the security system or a breakdown of major equipment or a system in the home that affects the provision of care or the safety, security or well-being of residents for a period greater than six hours,
 - A missing or unaccounted for controlled substance,
 - A medication incident or adverse drug reaction in respect of which a resident is taken to hospital,
 - An injury in respect of which a person is taken to hospital and that resulted in a significant change in the resident's health condition.