



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 27, 2017	2017_686600_0017	023257-17	Resident Quality Inspection

Licensee/Titulaire de permis

Stayner Care Centre Inc.
c/o Jarlette Health Services 5 Beck Boulevard PENETANGUISHENE ON L9M 1C1

Long-Term Care Home/Foyer de soins de longue durée

Stayner Care Centre
244 MAIN STREET EAST 7308 HIGHWAY #26, P.O. BOX 350 STAYNER ON L0M 1S0

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

GORDANA KRSTEVSKA (600), IVY LAM (646)

Inspection Summary/Résumé de l'inspection



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): October 10, 11, 12, 13, 16, 17, and 18, 2017.

The following intake was inspected concurrently with the Resident Quality Inspection: Follow up order intake #004498-17, for Safe and Secure Home.

During the course of the inspection, the inspector(s) spoke with acting Administrator/Director of Care (DOC), Staff Educator/Resident Assessment Instrument (RAI) coordinator, Registered Dietitian (RD), Nutritional Manager, Dietary Aide, Cook, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSW), Life Enrichment/Restorative Care Coordinator/Volunteer Services, and residents.

During the course of the inspection, the inspectors conducted a tour of the home, made observations of: medication administration, staff and resident interactions, provision of care, conducted reviews of health records, and critical incident log, staff training records, meeting minutes of Resident and Family Council meetings, relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Continence Care and Bowel Management

Family Council

Food Quality

Infection Prevention and Control

Medication

Nutrition and Hydration

Residents' Council

Responsive Behaviours

Skin and Wound Care



During the course of this inspection, Non-Compliances were issued.

3 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #001	2017_595604_0001	600

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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 – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

s. 72. (4) The licensee shall maintain, and keep for at least one year, a record of, (c) menu substitutions. O. Reg. 79/10, s. 72 (4).

Findings/Faits saillants :

1. The home has failed to ensure that records were maintained of all menu substitutions, and kept for at least one year. This inspection was initiated during resident mealtime observations.

On an identified date, during observation of residents triggered in stage one for decline in health condition, the inspector observed that the weekly menu entrée stated pulled chicken sandwiches would be served, but the entrée on the daily menu was popcorn chicken and hash brown patty.

Interview with cook #106 revealed that the pulled chicken was not defrosted on time for the lunch meal, and a substitution had to be made. The cook further revealed that there will be another substitution at dinner time, as the raspberry cheesecake was not available, and raspberries will be substituted instead.

Review of the home's policy, titled 'Corporate menu change' (revised date 2014-11-04) revealed that the Food Service manager will:

- Post any menu substitutions prior to service of that meal. Menu substitutions must be nutritionally similar to the original menu,
- Record the menu substitutions and reason for changes on the production sheets.

Review of the home's production sheet for a specified date, revealed that pulled chicken was crossed off and marked with popcorn chicken and raspberry cheesecake at the dinner meal was replaced with 'No'. No reason for the changes were written on the production sheet.

No other records for menu substitutions were recorded other than the production sheet.

Interview with the Nutrition Manager revealed that it was the home's expectation for the cooks to write down the reason for the substitution, and that the home had been writing down the items substituted on the production sheet. The Nutrition Manager further revealed the home does not maintain records of menu substitutions and the reason for changes. The Nutrition Manager further revealed that a new form will be used that will specify the exact menu substitution and the reason for the substitution. [s. 72. (4) (c)]



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 sous la
Loi de 2007 sur les foyers de
soins de longue durée

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that records were maintained of all menu substitutions, and kept for at least one year, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations. This inspection was initiated as part of the mandatory tasks of the resident quality inspection (RQI).

Review of the Residents' council meeting minutes dated June 12, 2017, revealed that the concerns from Residents' Council were related to waiting for staff for assistance and noise in the hallway. The written response forwarded to the Residents' council was dated July 15, 2017

Interview with the Life enrichment, restorative care and volunteer coordinator who assists with Residents' Council revealed that the Administrator is responsible to respond to Residents' Council, but during the transition in June, when the DOC became the acting Administrator, there was lapse in communication regarding the duty of the acting Administrator in responding to Residents' Council, and the response to the concerns was missed for the month of June.

Interview with the DOC revealed that he/she should have responded to Residents' Council's concerns in writing within 10 days of receiving the concerns. [s. 57. (2)]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 59. Family Council

Specifically failed to comply with the following:

- s. 59. (7) If there is no Family Council, the licensee shall,**
(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and 2007, c. 8, s. 59. (7).
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council. 2007, c. 8, s. 59. (7).

Findings/Faits saillants :



1. The licensee has failed to ensure that on an on-going basis advised families and persons of importance to residents of their right to establish a Family Council.

An interview with the Acting Administrator/Director of care revealed that the home does not have established Family Council as there are no family members who want to participate in the Family Council and carry out the position.

Review of the Family Council binder revealed memos and minutes of Family Information Nights held in February 22, May 26, and September 29, 2016. Review of the records failed to reveal memos or minutes to be held for 2017.

Interview with Acting Administrator and Life Enrichment Coordinator confirmed the home had not advised the families and persons of importance of residents of their right to establish a Family Council on an ongoing basis. [s. 59. (7) (a)]

Issued on this 8th day of November, 2017

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

Original report signed by the inspector.