

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Central West Service Area Office  
1st Floor, 609 Kumpf Drive  
WATERLOO ON N2V 1K8  
Telephone: (888) 432-7901  
Facsimile: (519) 885-2015

Bureau régional de services de Centre  
Ouest  
1e étage, 609 rue Kumpf  
WATERLOO ON N2V 1K8  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-2015

**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 24, 2021	2021_781729_0011	001526-21	Complaint

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**Licensee/Titulaire de permis**

Stayner Care Centre Inc.  
c/o Jarlette Health Services 711 Yonge Street Midland ON L4R 2E1

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**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

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

KIM BYBERG (729)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): March 17-19, 2021.**

**The following intakes were completed within the complaint inspection:**

**Log #001526-21, related to personal support services.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Registered Nurse (RN), Education Coordinator, Personal Support Workers (PSW), Housekeeping, Residents and Visitors.**

**During this inspection, inspector(s) toured the home, observed residents and the care provided to them, reviewed relevant clinical records, policies and procedures, and observed the general maintenance, cleanliness, safety and condition of the home.**

**The following Inspection Protocols were used during this inspection:**

**Infection Prevention and Control**

**Pain**

**Personal Support Services**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<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>

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that staff participated in the implementation of the homes infection prevention and control program, specifically related to appropriate usage of personal protective equipment (PPE).

Signage posted outside a resident's room stated anyone entering the room were to wear gloves and a gown when they came into direct contact with the resident.

Two staff members and a visitor were observed providing direct care to a resident without wearing gloves or a gown. The visitor stated they had not received education on what PPE they were to wear when coming into contact with the resident.

Failing to ensure staff and visitors appropriately used PPE when coming into contact with residents increased the risk of exposure and transmission of harmful bacteria and viruses to residents, visitors and staff throughout the home.

Sources: Observations, interviews with PSW, DOC, Visitors, Housekeeping staff, PHO Routine Practices and Additional Precautions in All Health Care Settings, 3rd edition, November 2012. [s. 229. (4)]

***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 the infection prevention and control program required under subsection 86 (1) of the Act complies with the requirements of this section, to be implemented voluntarily.***

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**Issued on this 25th day of March, 2021**

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

**Original report signed by the inspector.**