

Ministry of Long-Term Care  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

Central West District  
609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901  
centralwestdistrict.mltc@ontario.ca

## Original Public Report

<b>Report Issue Date:</b> November 3, 2022	
<b>Inspection Number:</b> 2022-1230-0001	
<b>Inspection Type:</b> Complaint Critical Incident System	
<b>Licensee:</b> Stayner Care Centre Inc.	
<b>Long Term Care Home and City:</b> Stayner Care Centre, Stayner	
<b>Lead Inspector</b> Daniela Lupu (758)	<b>Inspector Digital Signature</b>

## INSPECTION SUMMARY

The Inspection occurred on the following date(s):

October 20-21, and 24-28, 2022.

The following intake(s) were inspected:

- Intake: #00003839 and #00004098, related to falls prevention and management
- Intake: #00008708 complaint related to staffing shortage and resident care.

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

Falls Prevention and Management  
Staffing, Training and Care Standards  
Infection Prevention and Control

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Directives by Minister

### NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that where the Act required the licensee of a long-term care home to carry out every Minister's Directive that applies to the long-term care home, the Minister's Directive was complied with.

In accordance with the Minister's Directive: COVID-19 response measures for long-term care homes, effective August 30, 2022, the licensee was required to ensure that the personal protective equipment (PPE) requirements set out in the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units effective October 6, 2022, was complied with. Additionally, the licensee was required to conduct regular IPAC self-assessments in accordance with the COVID-19 Guidance Document for Long-Term Care Homes in Ontario, effective October 14, 2022.

### Rationale and Summary

A. The COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units (October 6, 2022) requires the licensee to ensure that all staff interacting within two meters of a resident with suspect or confirmed COVID-19 wear eye protection, gown, gloves, and a fit-tested, seal-checked N95 respirator (or approved equivalent) as appropriate PPE.

At the time of this inspection, a resident and their roommate were placed on enhanced droplet and contact precautions.

Public Health Ontario (PHO) Droplet and Contact signage was posted on the wall at the entrance of these residents' room. The signage directed staff to wear a mask and eye protection, when being within two meters of the resident and a gown and gloves when providing direct care to the resident.

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On three separate occasions, three staff members were observed not wearing the appropriate PPE when within two meters of these residents.

The home's Administrator/IPAC Lead said staff should have worn the required PPE for the enhanced droplet and contact precautions.

By not wearing the appropriate PPE as required when interacting with suspected COVID-19 cases there was a potential risk of spreading COVID-19 to other residents, staff and visitors.

**Sources:** observations of two residents, two residents' clinical records, Minister's Directives: COVID-19 response measures for long-term care homes (August 30, 2022), COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units (October 6, 2022), and interviews with the Administrator/IPAC Lead and other staff.

B. According to the COVID-19 Guidance Document for Long-Term Care Homes in Ontario, effective October 14, 2022, the licensee was required to complete IPAC self-assessments every two weeks when the home was not in outbreak.

The home's IPAC self-audits records showed that in a one-month period the self-audits were not completed every two weeks.

The home's Administrator/IPAC Lead acknowledged that the IPAC self-audits were not completed every two weeks as required.

By not completing the IPAC self-audits at the required frequency there was a potential risk that the IPAC related issues could not be identified and addressed in a timely manner.

**Sources:** the home's IPAC self-audits, the Minister's Directives: COVID-19 response measures for long-term care homes (August 30, 2022), COVID-19 Guidance Document for Long-Term Care Homes in Ontario, (October 14, 2022), and interviews with the Administrator/IPAC Lead.

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**WRITTEN NOTIFICATION: Infection Prevention and Control Program**

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the Standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.

**Rationale and Summary**

According to O. Reg. 246/22, s. 102 (2) (b), the licensee was required to implement any standard or protocol issued by the Director with respect to IPAC.

The IPAC Standard for LTCHs, dated April 2022, section 9.1, indicates that Routine Practices should be followed in the IPAC program and should include hand hygiene including, but not limited to the four moments of hand hygiene and the proper use of Personal Protective Equipment (PPE), such as appropriate selection, application, removal, and disposal.

The home's Routine Practices policy documented that all team members should perform hand hygiene before putting on and after taking off gloves and before and after resident environment contact. Staff should wear gloves when there was a risk that hands might be in contact with contaminated surfaces or objects.

On one occasion, an agency staff member did not perform hand hygiene before donning gloves to assist a resident.

On multiple occasions, three housekeeping staff were observed not performing hand hygiene, including when donning and doffing gloves, after touching a soiled mop and after cleaning a washroom.

The home's Administrator/IPAC Lead said staff should have followed the home's policies related to hand hygiene and routine practices.

By not following the routine practices for hand hygiene and PPE use there was a potential risk of spreading harmful microorganisms throughout the home.

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**Sources:** observations of PPE use, the home's Routine Practices policy, the IPAC Standard ( April 2022) and interviews with housekeeping staff , an agency staff, and the Administrator/IPAC Lead.

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### **WRITTEN NOTIFICATION: Housekeeping**

#### **NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (i)

The licensee has failed to comply with the housekeeping procedures for cleaning of resident bedrooms.

#### **Rationale and Summary**

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the housekeeping procedures for cleaning resident bedrooms is complied with.

The home's housekeeping policy for cleaning resident rooms, documented that the housekeeping staff should sweep and wet mop the floor in the resident bedrooms daily and clean the resident washrooms as per their cleaning procedure for washrooms and soiled utility rooms.

On one occasion, the floor in two resident rooms was soiled and there were large dirt debris underneath the beds.

The home's housekeeping policy for cleaning of washrooms and soiled utility rooms, documented that housekeeping staff should follow a daily cleaning schedule for the washrooms to reduce the risk of cross contamination at all times. The procedure indicated that the sink, the outer and inner sides of the toilet bowl should be cleaned daily using a disinfectant.

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On three occasions on the same day, and on one occasion on the following day, a resident's bathroom sink, and the toilet bowl were visibly soiled.

On one occasion, in two different resident rooms, the toilet bowls were soiled and in one of these rooms the sink was also soiled.

The home's Administrator/IPAC Lead said that resident washrooms should have been cleaned daily according to the home's housekeeping procedures.

**Sources:** observations of five resident rooms, the home's housekeeping cleaning procedure for resident rooms and hallways, and interviews with the Administrator/IPAC Lead and other staff.

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**WRITTEN NOTIFICATION: Housekeeping**

**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

The licensee has failed to comply with the housekeeping procedures for cleaning and disinfection of contact surfaces in the common areas.

**Rationale and Summary**

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the housekeeping procedures for cleaning and disinfecting common areas is complied with.

The home's housekeeping cleaning procedure for hallways, documented that the housekeeper should wipe the handrails in the hallways using a clean cloth saturated in disinfectant daily.

A housekeeping staff said in the last two weeks they were not able to clean and disinfect the handrails in the hallways and the other high touch areas in the common areas.

The home's Administrator/IPAC Lead said the high touch areas should have been cleaned at least daily.

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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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By not ensuring that cleaning procedures for high touch surfaces in the common areas were followed increased the risk of spreading harmful microorganisms throughout the home.

**Sources:** observations of the common areas, the home's housekeeping policies, and interviews with two housekeeping staff, the home's Administrator/IPAC Lead and other staff.

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