

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

Original Public Report

Report Issue Date: October 2, 2024

Inspection Number: 2024-1230-0002

Inspection Type:

Critical Incident

Licensee: Stayner Care Centre Inc.

Long Term Care Home and City: Stayner Care Centre, Stayner

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 19 - 20 and 23 - 24, 2024

The following intake(s) were inspected in this Critical Incident (CI) inspection:

- Intake: #00120411 related to respiratory infectious disease outbreak management
- Intake: #00125067 related to resident fall
- Intake: #00126825 related to enteric infectious disease outbreak management

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: When reassessment, revision is required

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that when resident was reassessed after an incident, the plan of care was reviewed and revised.

Summary and Rationale

A resident had tests completed on two separate occasions where they received new diagnosis.

Registered Nurse (RN) was not aware of the resident's new diagnosis. The home's Co-Director of Care (CO-DOC) stated that the resident's plan of care should have been updated when they were aware of the new diagnosis.

When resident's plan of care was not updated, they were at risk of not monitoring resident for signs and symptoms that may have required immediate assessment and treatment.

Sources: Resident's progress notes, care plan, hospital discharge records, interview with RN, and Co-DOC.

WRITTEN NOTIFICATION: Infection prevention and control program

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

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Standard issued by the Director related 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 related to IPAC.

The IPAC Standard for Long-Term Care Homes (LTCH), dated April 2022, revised September 2023, section 11.6 indicated that the licensee should post signage at entrances and throughout the home that lists the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual.

The signage by the home's entrance door did not specify the type of infectious disease or listed corresponding signs and symptoms for self-monitoring.

When the home failed to post signage by the entrance of the home that specified the type of outbreak and list of corresponding signs and symptoms for self-monitoring, it increased the risk of spreading harmful microorganisms throughout the home.

Sources: inspector observations, interview with IPAC Lead