

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

Public Report

Report Issue Date: January 31, 2025

Inspection Number: 2025-1230-0001

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): January 22 – 24, 27, 30, 31, 2025

The inspection occurred offsite on the following date(s): January 27 – 29, 2025

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

- Intake: #00133268, CI #2735-000028-24 – related to ARI Outbreak
- Intake: #00135386, CI #2735-000030-24; Intake: #00135833, CI #2735-000032-24 – related to allegations of resident abuse
- Intake: #00135410, CI #2735-000031-24 – related to witnessed fall
- Intake: #00137189, CI #2735-000002-25 – related to Improper care

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

- Resident Care and Support Services
- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee failed to ensure that the resident's plan of care provided clear direction to staff providing direct care related to requiring the use of Personal Protective Equipment. The staff was not aware that the resident was on precautions.

Sources: Care plan, interviews with staff

WRITTEN NOTIFICATION: Altercations and other interactions between residents

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

Non-compliance with: O. Reg. 246/22, s. 59 (b)

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(b) identifying and implementing interventions.

The licensee has failed to ensure that the home implemented intervention for a

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resident as per their plan of care. When two residents had a physical altercation, one of the interventions for responsive behaviours was not implemented.

Source: care plan, progress note, wound evaluation, interview with staff

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #003 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).

a) The licensee failed to implement, The Infection Prevention and Control Standard for Long-Term Care Homes, last revised September 2023: In accordance with section 9.1 (b) At minimum Routine Practices shall include: Hand hygiene, including, but not limited to, at the four moments of hand hygiene when a staff was observed not to complete hand hygiene at meal time. Additionally, a staff member was observed not completing hand hygiene while cleaning residents' rooms.

Sources: Inspector observations, interviews with staff

b) The licensee failed to implement, The Infection Prevention and Control Standard for Long-Term Care Homes, last revised September 2023: In accordance with section 9.1 (f) Additional Personal Protective Equipment (PPE) requirements including appropriate selection application, removal and disposal when a staff member did not don the appropriate PPE upon entering a residents' room to provide care. There was signage posted on the room door indicating that PPE was required. Additionally, a staff member did not utilized PPE appropriately when they did not

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change gloves and applied alcohol-based hand rub (ABHR) to gloves and continued meals service for residents.

Sources: Inspector observations, residents' clinical records, Interviews with staff

COMPLIANCE ORDER CO #001 Transferring and positioning techniques

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall ensure:

1. All direct care staff, including Personal Support Workers (PSWs) receive training on the home's Resident Transfer, Lift and positioning guidelines policy. This includes but is not limited to:
 - a) An explanation of why it is important to use safe techniques when assisting a resident with their care.
 - b) Knowing where to access information on the level of assistance, equipment, and care a resident requires.
 - c) Safety techniques for knowing how to care for a resident's head when repositioning them.
 - d) Safety techniques for providing two person assistance for mobility.

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2. Ensure the training is documented. The documentation should include the date the training was provided, the name of the staff completing the training, the content of the training and name of the person providing the training. The training documentation should be maintained in the home.
3. Conduct audits daily on each shift for a minimum of four weeks or until there are no deficiencies, throughout the home to ensure that residents are being transferred, lifted and/or repositioned according to their plan of care.
4. Document the audits, including the date and time the audit was completed, the resident name, type of assistance they required, staff who completed the audit, staff members audited, elements checked during the audit and any actions taken based on the audit results.
5. A copy of the audits should be kept at the home.

Grounds

a) The Licensee failed to ensure that staff used safe transferring techniques when staff assisted a resident on their own.

A staff walked a resident without providing the level of assistance they required and as a result, the resident fell. The resident was injured from this incident.

Sources: Critical incident report, resident's clinical record, interviews with staff

b) The licensee has failed to ensure that staff used safe techniques when assisting a resident.

The resident sustained an injury when staff repositioned them while providing care.

Sources: care plan, progress note, wound evaluation, interviews with staff

This order must be complied with by March 13, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.