



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 3, 2015	2015_236572_0003	O-001559-15	Critical Incident System

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### **Licensee/Titulaire de permis**

MANORCARE PARTNERS  
6257 Main Street Stouffville ON L4A 4J3

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

STIRLING MANOR NURSING HOME  
218 EDWARD STREET P.O. BOX 220 STIRLING ON K0K 3E0

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

BARBARA ROBINSON (572)

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

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): January 27 and 28, 2015.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), the RAI Coordinator, Behavior Supports Ontario (BSO) staff, a physician and residents. The inspector(s) also toured the home, observed residents' care and services, reviewed resident health care records, education records and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours**

**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**

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
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours**



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

- s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,**
- (a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).**
  - (b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).**
  - (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).**

**Findings/Faits saillants :**



1. The licensee has failed to comply with O. Reg. 79/10, s. 53 (4)(c) whereby the licensee did not ensure that a resident with responsive behaviours had actions taken to respond to the needs of the resident including assessments, reassessments and interventions.

A review of the health care record for Resident #1 indicates that the resident has multiple co-morbidities including cardiovascular disease and dementia as well as a history of sexually inappropriate behavior with staff and residents.

In an interview on January 28, 2015, PSW #S106 stated that on a specified date, she observed Resident #1 and Resident #2 sitting in their wheelchairs at different tables in the dining room on the second floor. When she returned shortly afterwards, Resident #1 had moved her/his wheelchair over to Resident #2. Resident #1 was observed inappropriately touching Resident #2. PSW #S106 intervened to stop any further action and reported the incident to RN #S107 who completed all notifications immediately and moved Resident #1 to another floor.

The health care record and interviews with staff indicated that Resident #1 had a significant physical decline four months previously and was not mobile. Most of her/his medications were discontinued including medications to address responsive behaviours. Over the past three months as the resident's physical condition improved gradually, there were three verbal and ten documented descriptions of sexual comments or actions with staff. There were no reassessments and corresponding interventions related to the sexual comments and actions of Resident #1. After the incident on a specified date the physician reordered medications, the Behaviour Supports Ontario team arrived and the resident was placed on observations every 15 minutes. Consultation with the outreach team was also re-established.

In an interview with the Administrator on January 28, 2014, she acknowledged that Resident #1 did not have reassessments to monitor sexual comments or actions with corresponding interventions. [s. 53. (4) (c)]



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***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 residents with responsive behaviours have actions taken to respond to the needs of the resident including assessments, reassessments and interventions, to be implemented voluntarily.***

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**Issued on this 3rd day of March, 2015**

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

**Original report signed by the inspector.**