



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**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  
performance et de la conformité**

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

## **Public Copy/Copie du public**

---

<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>
Jul 31, 2015	2015_444602_0021	O-002389-15	Resident Quality Inspection

---

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

MANORCARE PARTNERS  
6257 Main Street Stouffville ON L4A 4J3

---

### **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

---

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

WENDY BROWN (602), BARBARA ROBINSON (572), DARLENE MURPHY (103)

---

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

---



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

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

**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): July 20 - 24 and July 27 & 28, 2015.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Resident Assessment Supervisor, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), the Life Enrichment Supervisor, Environmental Supervisor, Activity Staff, Dietary Staff, Housekeeping Staff, family members and Residents. The inspector(s) toured the home, observed resident care and services including dining and medication administration, reviewed resident health records, activity attendance records and relevant policies and procedures.**

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

**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Contenance Care and Bowel Management  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Recreation and Social Activities  
Residents' Council  
Responsive Behaviours  
Safe and Secure Home  
Sufficient Staffing**



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

- 4 WN(s)**
- 0 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>Legendé</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>

---

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

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

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to comply with LTCA, 2007 s. 15 (2) (a) whereby the licensee did not ensure that the home, furnishings and equipment are kept clean and sanitary.

The following observations were made during the inspection:

Rm 102 - build-up of dirt in corners, around toilet, and on bed/bathroom floors.

Rm 106 - build-up of dirt at corners, in bathroom around toilet, and in bedroom areas.

Rm 107 - build-up of dirt at corners of bedroom, and at doorways.

Rm 108 - build-up of dirt at floor edges in bathroom, and at doorways.

Rm 205 - brown mark front edge of raised toilet seat, black marks and debris on floor in corners and at hallway entrance, on multiple observations, made over 3 days, at different times of day.

Rm 206 - black staining/marks on bathroom floor, white and brown debris behind toilet and on bathroom floor.

Rm 209 - debris along wall in bathroom, crumpled toilet paper on floor, black marks on floor in bedroom.

Rm 212 - debris on bathroom floor, sticky near toilet area on multiple observations, made over 3 days, at different times of day.

Rm 213 - black ring stain on bathroom floor, staining at vanity tile by mirror in bathroom, debris at bedroom wall near bathroom doorway. Juice drips and small crumbs on floor near bedroom doorway on multiple observations, made over 3 days, at different times of day.

Rm 214 - bathroom floor is discoloured; dirt build up at baseboards and at doorways.

Rm 215 - dirt build up in corners and at baseboards; bathroom floor discoloured and



sticky.

Rm 216 - debris on bathroom floor. Floor around resident's bed found to be sticky on multiple observations, made over 3 days, at different times of day.

Rm 321 - debris visible along darkened edges of floor and in corners.

Rm 325 - debris and dark marks along edges of walls and in corners. Dust on windowsill.

Rm 327 - black marks at height of headboard on wall behind bed. Debris and brownish/grey staining of bathroom wall. Stained floor seal under sink and behind toilet

Rm 330 - surfaces dusty.

The Environmental Supervisor S#102 and the Administrator were interviewed and indicated that resident rooms are cleaned every day and that deep room cleaning including floors, furnishings, privacy curtains, contact and wall surfaces occurs when residents are discharged and on a rotating basis throughout the year. The above noted observations are of concern as not maintaining the home, furnishings and equipment in a clean and sanitary condition presents potential risks to the health, comfort, safety and well-being of residents. [s. 15. (2) (a)]

2. The licensee has failed to comply with LTCA, 2007 s. 15 (2) (c) whereby the licensee did not ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The following observations were made during the inspection:

Rm 109 - floor discoloured around toilet and at corners/baseboards and across floor in bedroom.

Rm 205 - holes, hooks in dry wall, staining and paint peeling upper left ceiling/wall, wallpaper peeling, tile cracked at grab bar/handle in shared bathroom.

Rm 206 - wallpaper border peeling in bath and bedrooms, anchor holes and hooks in bathroom wall, black staining, marks, and cracks on bathroom floor, no handles on bathroom cabinet, holes in wall tile, missing/broken piece of tile at bed/bath doorway.

Rm 209 - bathroom floor cracked, floor toilet seal crumbling, anchor holes in bathroom wall. Bedroom drywall repair not painted / finished.

Rm 213 - chips in bathroom door frame, holes from previous fixture(s) in bathroom wall tile, staining at vanity tile by mirror.

Rm 214 - wall at side of bed is missing baseboard; corner of wall is exposed to metal strapping in some areas; floor tiles are cracked at foot of bed; numerous gouges in floor at foot of bed.

Rm 318 - call bell light outside the room is not functioning. Scrapes along wall, dark



marks along edges of tile floor and at entrance to bathroom.

Rm 321 - cracks, gaps and discoloured areas of floor tiles, dark marks on walls.

Bathroom wall tiles chipped, gaps in floor tiles at entrance and dark areas along edges of floorboard. Small holes in bathroom wall.

Rm 324 - small holes in bathroom wall tile and around base of toilet.

Rm 325 - cracks and gaps in tiles on floor, baseboard pulling from wall. Paint chipping on bathroom wall, floorboard is pulling off walls exposing rough wall surface with dark stains. Floor has small area of tile cut around drain with visible gaps in fill. Paint chipping on large wall patch in bathroom. Scrapes in bathroom door.

Rm 326 - paint chipped on wall, floor tiles cracked. Bathroom wall paint chipped, stains at base of toilet and behind toilet. Old adhesive glue from previous fixture stuck to wall, small holes in bedroom wall near bed

Rm 327 - bath/bedroom floor cracking especially at doorway between bath/bedroom, missing wall tile at soap dispenser.

Rm 330 - cracks and gaps in floor tiles in bed and bathroom. Paint chipped and scraped along bottom of closets.

The Environmental Supervisor S#102 was interviewed and indicated that hallway flooring on floor three is to be entirely replaced in August 2015 and hallway flooring on floor two is scheduled for complete replacement in December 2015. Each of the three floors will be painted in identified areas over this summer; coloured areas are being completed this month while white painting is scheduled for August. The above noted repairs required in resident bed/bathrooms had not been identified specifically for repair at the time of this inspection. According to the Environmental Supervisor, home wide bed/bathroom repair planning will begin in early 2016. Not maintaining the home furnishings and equipment in a safe condition and a good state of repair presents potential risks to the health safety, comfort and well-being of residents. [s. 15. (2) (c)]

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system**



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

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
  - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
  - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
  - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
  - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
  - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
  - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg.. 79/10 s. 17 (1) (a) whereby the licensee failed to ensure that the home is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times.

On July 21, 2015 the call bell in the shared bathroom of Room 321 was noted to be a very small button high up on the wall beside the toilet. Resident #14 said that s/he could not reach the button to activate the call bell.

On July 22, 2014 the call bell in the shared bathroom of Room 324 was tested and with a gentle pull the cord broke. Resident #34 said that this call bell breaks frequently as there is a clasp on the cord that is attached to a small knot on a string and the clasp falls off the knot repeatedly. This call bell issue was reported and fixed.

On July 20, 2015 the call bell in the shared bathroom of Room 330 was noted to have a short frayed cord and the remainder of the cord was on the floor.

In an interview on July 24, 2015, the Administrator acknowledged that the resident-staff communication and response system for Room 321, 324 and 330 was not accessible at all times for residents, staff and visitors. [s. 17. (1) (a)]

---

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program**

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

**s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,**

**(a) the provision of supplies and appropriate equipment for the program; O. Reg. 79/10, s. 65 (2).**

**(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends; O. Reg. 79/10, s. 65 (2).**

**(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests; O. Reg. 79/10, s. 65 (2).**

**(d) opportunities for resident and family input into the development and scheduling of recreation and social activities; O. Reg. 79/10, s. 65 (2).**

**(e) the provision of information to residents about community activities that may be of interest to them; and O. Reg. 79/10, s. 65 (2).**

**(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg. 79/10 s. 65 (2) (b) whereby the licensee failed to ensure that the schedule of recreation and social activities included activities offered in the evening in the month of July.

On July 24, 2015 a review of the July activity schedule indicated no evening activities had been scheduled for the month. In a subsequent interview, Activity Staff S#110 confirmed that there was no evening activity scheduled for July as the entertainment (volunteer community band) usually scheduled was on vacation. Staff confirmed awareness of the need to offer social and recreational activities during days, evenings and on weekends and shared that evening activities “tend to be more of a Fall/Winter thing”. [s. 65. (2) (b)]





**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

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

---

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79.  
Posting of information**



Specifically failed to comply with the following:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (a) the Residents' Bill of Rights; 2007, c. 8, s. 79 (3)
  - (b) the long-term care home's mission statement; 2007, c. 8, s. 79 (3)
  - (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents; 2007, c. 8, s. 79 (3)
  - (d) an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 79 (3)
  - (e) the long-term care home's procedure for initiating complaints to the licensee; 2007, c. 8, s. 79 (3)
  - (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints; 2007, c. 8, s. 79 (3)
  - (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained; 2007, c. 8, s. 79 (3)
  - (h) the name and telephone number of the licensee; 2007, c. 8, s. 79 (3)
  - (i) an explanation of the measures to be taken in case of fire; 2007, c. 8, s. 79 (3)
  - (j) an explanation of evacuation procedures; 2007, c. 8, s. 79 (3)
  - (k) copies of the inspection reports from the past two years for the long-term care home; 2007, c. 8, s. 79 (3)
  - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years; 2007, c. 8, s. 79 (3)
  - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years; 2007, c. 8, s. 79 (3)
  - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council; 2007, c. 8, s. 79 (3)
  - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council; 2007, c. 8, s. 79 (3)
  - (p) an explanation of the protections afforded under section 26; 2007, c. 8, s. 79 (3)
  - (q) any other information provided for in the regulations. 2007, c. 8, s. 79 (3)

Findings/Faits saillants :



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

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

1. The licensee has failed to comply with LTCHA, 2007, s. 79 (3) (g) whereby notification of the LTC Home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained was not posted.

During the review of the information posted by the licensee, it was determined the LTC Home had not posted their resident restraint policy nor a notice as to how to obtain a copy of the policy. On July 27, 2015 the Resident Assessment Supervisor S#115 shared that s/he was not aware of the requirement to post the Home's restraint policy and a notice as to how to obtain a copy. [s. 79. (3) (g)]

---

**Issued on this 31st day of July, 2015**

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

**Original report signed by the inspector.**