

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

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

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 6, 2021	2021_873602_0019	003596-21, 004995-21	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**

WENDY BROWN (602)

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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): June 28 & 29, 2021**

**The following inspections were conducted:**

**Log # 003596-21/CIS #2470-000002-21- regarding a fall with injury and transfer to hospital.**

**Log # 004995-21/CIS #2470-000004-21- regarding alleged staff to resident verbal abuse.**

**During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Infection Prevention & Control (IPAC) management lead/Director of Care (DOC), the Nutrition Manager, housekeeping staff, IPAC screening staff and the Administrator.**

**In addition, the inspector reviewed resident health care records: including plans of care & progress notes, investigation documentation and made resident care & service and IPAC practice observations.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Prevention of Abuse, Neglect and Retaliation**

**Safe and Secure Home**

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

**2 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<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>Légende</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 O.Reg 79/10, s. 229. Infection prevention and control program**

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

**s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).**

**Findings/Faits saillants :**

1. The licensee failed to follow evidence-based practice with respect to hand hygiene in that they did not assist residents to perform hand hygiene before and after meals.

Evidenced based practice indicates that staff should assist residents to perform hand hygiene before and after meals. Infection Prevention and Control (IPAC) lunch hour observations in the first and second floor dining areas revealed resident hands were not cleaned prior to attending or within the dining areas. This observation was reviewed with the Administrator who advised they would remind staff regarding this practice; neglecting hand hygiene at this time increases the risk of virus transmission among residents and staff.

Sources: Public Health Ontario - Best Practices for Hand Hygiene in All Health Care Settings, IPAC Checklist, 1st and 2nd floor IPAC observations and interviews with the Administrator and other staff. [s. 229. (9)]

***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 all staff participate in the implementation of evidenced based IPAC practices, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature  
Specifically failed to comply with the following:**

**s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the temperature of at least two resident bedrooms was measured and documented and that the measured temperatures were documented at least once every morning, once every afternoon, and once every evening or night.

The inspector reviewed the temperature monitoring logs together with the nutrition manager and the Administrator and found that between May 15 and June 18, 2021 temperatures were not recorded in one common area and at least two resident bedrooms in different parts of the home, nor were the temperatures being measured three times a day. There is a risk to resident comfort and safety when the temperatures are not measured and documented in specified areas of the home during the required time frames.

Sources: Air Temperature log and interviews with the Nutrition Manager and the Administrator. [s. 21. (3)]

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**Issued on this 15th day of July, 2021**

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

**Original report signed by the inspector.**