

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

**Ottawa District**  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

<b>Original Public Report</b>	
<b>Report Issue Date: November 2, 2023</b>	
<b>Inspection Number:</b> 2023-1145-0002	
<b>Inspection Type:</b> Post-Occupancy	
<b>Licensee:</b> Axiom Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axiom Extendicare LTC II GP Inc.	
<b>Long Term Care Home and City:</b> Stoneridge Manor, Carleton Place	
<b>Lead Inspector</b> Megan MacPhail (551)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Anandraj Natarajan (573) Jessica Lapensee (133) Manon Nighbor (755)	

<b>INSPECTION SUMMARY</b>
<p>The inspection occurred onsite on the following date(s): September 19, 20, 21 and 22, 2023.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Intake: #00097147 was related to a Post-Occupancy Inspection.</li> </ul>

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Safe and Secure Home
- Infection Prevention and Control
- Staffing, Training and Care Standards

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Residents' Rights and Choices  
Admission, Absences and Discharge

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Doors in a Home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

The licensee has failed to ensure that doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff. This relates to doors to dining room serveries, linen cart rooms and staff washrooms.

#### Rationale and Summary

Inspectors found doors leading to non-residential areas that were not kept closed and locked. When observed, the areas were not being supervised by staff in order to restrict unsupervised access to the non-residential areas by residents. Specifically:

Doors to staff washrooms were not closed. There was no resident-staff communication and response system in the staff washrooms.

Doors leading into dining room serveries were closed and latched, but not locked. In a home area, the coffee maker/hot water dispenser in the servery was on, and two residents were in the dining room, unsupervised.

Doors leading into linen cart rooms were not closed. The closing mechanism of one door was not functional.

Dietary aides reported that servery doors were locked at night only. The Environmental Services Manager (ESM) indicated that servery doors were to be kept closed and locked when there was no staff in the servery, and that new locking mechanisms for the servery doors were being ordered.

As such, residents were at risk of gaining unsupervised access to non-residential areas.

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Sources: Observations and interviews with the ESM and dietary aides.

[133]

## WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius (C).

Over the course of the inspection, the inspector used their calibrated thermometer to measure the air temperature in locations throughout the home, including residents' rooms, dining rooms and lobbies. Several temperatures were measured as being less than 22C, and some residents reported being cold.

The ESM indicated that they were receiving a lot of alerts from the home's air temperature monitoring devices because they were registering air temperatures of less than 22C.

The home's temperature monitoring records were reviewed. Of the dining room temperatures, 64 per cent were below 22C. In residents' rooms, 71 per cent were below 22C.

The home's contracted HVAC company was coming to address system settings to ensure the home would be maintained at a minimum temperature of 22C.

As such, the temperature was not maintained at a comfortable level for residents.

Sources: Observations, interviews with the ESM and others and review of air temperature monitoring records.

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## WRITTEN NOTIFICATION: Menu Planning

### NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (5)

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The licensee has failed to ensure that the planned menu items were offered and available.

Rationale and Summary

The planned lunch meal menu items included a fish burger on a bun and a minced fish burger on a bun; regular, minced and pureed sliced carrots; minced coleslaw; and a minced ham and cheese sandwich.

Regular and minced fish were not served on a bun, as per the planned menu.

A mix of peas and carrots was served for all textures, not sliced carrots, as per the planned menu.

A minced ham and cheese sandwich and minced coleslaw were not offered and available, as per the planned menu.

There was no choice of other available entrees and side dishes for the residents on a minced diet. They were offered the minced fish entree and a side dish of minced carrots and peas, only. The minced and pureed texture vegetable mix had the carrots and peas incorporated into the blend, and could not be separated out, such as in the case of an intolerance or dislike.

The Nutritional Manager stated that a minced ham and cheese sandwich and minced coleslaw should have been offered and available for residents on a minced diet.

Sources: The posted menu, observations and interview with the Nutritional Manager.

[551]

## **WRITTEN NOTIFICATION: Dining and Snack Service**

**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

The licensee has failed to comply with the policy to ensure that foods were served at a temperature that was both safe and palatable to residents.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that the nutritional care and hydration programs included the development and implementation, in consultation with a registered dietitian was a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration, and they must be complied with.

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As per O. Reg 246/22, s. 79 (1), every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements: 5: Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee's policy titled LTC - Meal Production stated that food temperatures were taken at the end of cooking or preparation, and that food items met the appropriate internal temperature of 65 degrees Celsius (C) or more for hot items and zero to 4 degrees C for cold items. The policy directed that all menu items were served in the acceptable standard temperature range, and this was achieved by taking food temperatures at the point of service. If the temperature was above or below the acceptable range, corrective action was taken, followed by retaking the temperature of those menu items.

Temperature Reports were reviewed and showed that:

- A temperature was not recorded by the cook in the kitchen at the end of cooking or preparation for several food items.
- A temperature was not recorded by the dietary aides before meal service for many food items.
- Temperatures recorded for cold foods were greater than four degrees C, and temperatures for hot foods were less than 65 degrees C. There was no documentation to indicate that corrective action was taken, and that the temperature was retaken following the corrective action.

The Nutritional Manager stated that a temperature check was expected at the point of production in the kitchen and prior to the point of service in the dining room. They stated that if a food temperature was not within the safe temperature range, corrective action was to be taken.

By not conducting a temperature check, the food items may have been served to residents at a temperature that was not safe and palatable.

Sources: LTC- Meal Production policy, Temperature Reports and interview with the Nutritional Manager.

[551]

## **WRITTEN NOTIFICATION: Hiring Staff, Accepting Volunteers**

**NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 252 (2) (b)

The licensee has failed to ensure that a vulnerable sector police record check was conducted within six

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months before the staff member was hired.

#### Rationale and Summary

A staff member's employment record did not include a vulnerable sector police record check. The staff member stated that a vulnerable sector police record check was not conducted within six months before they were hired.

A staff member not having their vulnerable sector police record check available within six months before their hiring date, may potentially have increased residents' vulnerability.

Sources: Interview with a staff member and their employment record.

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