Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Public Report

Report Issue Date: December 9, 2024
Inspection Number: 2024-1145-0007
Inspection Type: Proactive Compliance Inspection
Licensee: Axium Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axium Extendicare LTC II GP Inc.
Long Term Care Home and City: Stoneridge Manor, Carleton Place

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 26-29, 2024 and December 2-6, 9, 2024

The following intake(s) were inspected:

- Intake: #00132758 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement

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 has failed to ensure that the written plan of care for a resident set out clear directions to staff who provide direct care to the resident.

Specifically, the written plan of care stated a resident should have a fall logo in their room related to their fall risk which was not there. Interviews with the Resident Assessment Instrument (RAI) Coordinator and Director of Care (DOC) confirmed that the resident does not require this logo and it was an error in the plan of care.

Sources: Resident's health care records, interview with the RAI Coordinator and DOC.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

Specifically, the resident's care plan directed staff to follow a turning and repositioning schedule but this intervention was not included in the Personal Support Workers (PSW) task list to complete every shift. An interview with the RAI Coordinator and DOC confirmed that if this documentation is not completed, the home considers the care not done.

Sources: Resident's health care records, interview with the RAI Coordinator and DOC.

WRITTEN NOTIFICATION: Plan of Care - Documentation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of the care set out in the plan of care is documented for two residents.

Specifically, there are multiple dates in a two month duration where tasks for two residents are not signed off by the personal support worker (PSW) providing care to the resident, including activities of daily living (ADLs), and pain and skin monitoring.

Sources: Two resident's health care records, interviews with the RAI Coordinator and DOC.

The licensee has failed to ensure that the provision of care as specified in the plan was documented for a resident.

Specifically, there are multiple dates in the reviewed month of care documentation where tasks for a resident are not signed off by the PSW providing care to the resident, including pain and skin monitoring.

Sources:
A Resident's electronic medical record;
Interview with a Registered Practical Nurse (RPN).

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey Advice

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (4)
Resident and Family/Caregiver Experience Survey
s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee has failed to seek the advice of the Residents' Council prior to carrying out the satisfaction survey in 2023.

Residents' Council meeting minutes for 2023 were reviewed and the Recreation Manager confirmed that the Residents' Council was not involved in the survey questions for 2023.

Sources: Residents' Council Meeting Minutes 2023, interview with the Recreation Manager and Executive Director (ED).

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey - Documentation

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (5)
Resident and Family/Caregiver Experience Survey
s. 43 (5) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (4);
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made

available to the Residents' Council and the Family Council, if any;
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part X.

The licensee has failed to ensure that the Residents' and Family Councils were provided documentation of the results of the survey and the actions taken based on the results of the survey and that this was documented as required.

Sources: Residents' Council Meeting Minutes and Family Town Hall Meeting Minutes in 2024 and an interview with the ED.

WRITTEN NOTIFICATION: Duty to respond

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 63 (3)
Powers of Residents' Council
s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure that when the Family Council raised concerns or recommendations, they were responded to in writing within 10 days of receiving the advice.

Specifically, in 2024, there was a period of nine months where the Residents' Council raised concerns related to operations of the home and nutrition and did not receive a response in writing.

Sources: Residents' council meeting minutes, interviews with the Dietary Manager, DOC and others.

WRITTEN NOTIFICATION: Plan of care

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 10.
Plan of care
s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
10. Health conditions, including allergies, pain, risk of falls and other special needs.

The licensee has failed to ensure that a resident's plan of care was based on the interdisciplinary assessment of their health conditions related to pain.

Specifically, a resident's care plan did not have interventions specific to pain management, identified in their last quarterly pain assessment, documented in their care plan.

Sources:
A resident's medical record;
Interview with a RAI Coordinator.

WRITTEN NOTIFICATION: Bathing

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 37 (1)
Bathing
s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that a resident was bathed at a minimum of twice a week.

Specifically, the resident did not receive a second bath on three specified weeks as required.

Sources: Resident's health care records, interviews with a resident and the resident's Substitute Decision-Maker (SDM), a RAI Coordinator and the DOC.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (e) (i)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and

The licensee has failed to ensure compliance with the home's weight monitoring system to measure and record with respect to each resident a monthly weight.

Specifically, two residents did not have weights recorded in a specified month.

Sources:
Record review of two residents' medical records;
Interview with the Registered Dietitian.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

The licensee has failed to include the home's pharmacy service provider or a pharmacist in the continuous quality improvement committee.

Sources: Quality Committee Meeting Minutes and interview with the ED.

COMPLIANCE ORDER CO #001 Dining and snack service

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.
Dining and snack service
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Develop and implement a written action plan to ensure that all foods and fluids are served to residents at the minimum temperature as set by the home's Meal Service Daily Temp Record temperature standard;
B) Provide training to all dietary staff who serve food on all units regarding the action plan and relevant procedures to follow if food is not being measured at the set minimum standard. A written record of all training must be kept which includes the names and signatures of those who were trained, and the date and time of training;
C) A management team member will conduct audits on each home unit, at minimum, once per week for a period of four weeks, to ensure that food is being served at the required minimum temperature. Audits must include a breakfast, a lunch, and a dinner from different units in the home. If any deviation from the home's food temperature policies, procedures, or food temperature standards are identified during the audits, the management team member must take immediate corrective action to ensure food is meeting the home's set food temperature standard. A written record of all audits, including date, time, location of audit, and corrective actions taken (if needed), must be kept.

Grounds

The licensee has failed to ensure that residents were provided food at a safe and palatable temperature.

A resident informed the inspector that food is not always served at an appropriate temperature, specifically for hot foods. The minutes for the home's residents' council indicate that they are consistently bringing forward concerns regarding food being too cold at mealtimes. The food temperature logs for Centennial and Mississippi units for October 28 to November 28, 2024, were reviewed by the inspector. On Centennial and Mississippi units, food temperatures for certain hot foods were found to be below the home's minimum temperature standards, as outlined in the Meal Service Daily Temp Record posted in the unit serveries, on multiple dates in October and November 2024. Further, no food temperatures for certain meals on Centennial and Mississippi were recorded on multiple dates in October and November 2024. On review of both units' temperature logs no repeat temperatures were seen as recorded if a food was below the specified food temperature minimum.

A Dietary Aide, in their interview, stated that if a hot food is under the temperature minimum, they increase the temperature of the food warmer. The Dietary Manager stated in their interview that food under the temperature minimum must be reheated in the oven, and that the temperature must be retaken and recorded prior to serving the food. The home's Procedure CARE17-O20.02 LTC Food Temperature Checklist states that food temperatures must be taken and recorded at the time of service and that if food is not meeting the temperature minimums, then it needs to be reheated to the minimum temperature standards and the temperature needs to be retaken.

Sources:
Interviews with a resident, a Dietary Aide, and the Dietary Manager;
Residents' Council meeting minutes;
Food Temperature Logs for Centennial and Mississippi Units;
Procedure CARE17-020.02 LTC Food Temperature Checklist last reviewed March 2024 and Meal Service Daily Temp Record temperature standard.

[740785]

This order must be complied with by January 22, 2025

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

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

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

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.