

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

## Original Public Report

Report Issue Date: August 20, 2024

Inspection Number: 2024-1074-0004

Inspection Type:  
Proactive Compliance Inspection

Licensee: ManorCare Partners

Long Term Care Home and City: Stirling Manor Nursing Home, Stirling

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 6-9, 13-16, 2024.

The following intake(s) were inspected:

- Intake: #00122990 -Proactive Compliance Inspection.

The following Inspection Protocols were used during this inspection:

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

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Pain Management

## INSPECTION RESULTS

### Non-Compliance Remedied

Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee failed to ensure the policy for the disposal of all drugs used in the home was complied with.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that their policy related to the handling of resident personal health information is complied with.

Specifically, staff failed to comply with the policy "Medication Cards".

Sources: Inspector observations, review of the medication policy, and discussion with the Registered Nurse (RN).

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The licensee ensured the resident personal health information was completely removed from the medication card prior to disposal when the non-compliance was identified.

Date Remedy Implemented: August 9, 2024

### WRITTEN NOTIFICATION: Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure residents with altered skin integrity received weekly wound reassessments.

Sources: Resident treatment records and assessment documentation, interview with DOC.

### WRITTEN NOTIFICATION: Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (e)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

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(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

The licensee failed to ensure a resident was assessed by a registered dietitian as legislatively required.

Sources: Resident progress notes and treatment records, Interview with Administrator and Nutritional Manager.

### WRITTEN NOTIFICATION: Safe Storage of Drugs

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

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

- (a) drugs are stored in an area or a medication cart,
- (ii) that is secure and locked,

The licensee failed to ensure drugs stored in a medication cart were secured and locked.

Sources: Inspector's observations of a medication cart, discussion with the RN.