

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 21, 2024

Inspection Number: 2024-1145-0004

Inspection Type:  
Critical Incident

Licensee: Axiom Extendicare LTC II LP, by its general partners Extendicare LTC  
Managing II GP Inc. and Axiom 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): August 14, 15, 16, 19, 20, 21, 2024.

The following intake(s) were inspected:

• Intakes: #00117142, #00120078 and #00122282 related to an allegation of neglect staff to resident.

- Intake: #00120311 related to an allegation of Improper/Incompetent treatment staff to resident.

- Intake: #00120351 related to an allegation of verbal/emotional abuse staff to resident.

- Intake: #00120425 related to dealing with complaint

The following Inspection Protocols were used during this inspection:

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Contenance Care  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Reporting and Complaints  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the home's Fall Prevention Program, specifically with the "Post Fall Management" policy and procedure which requires staff to immediately notify the nurse if a resident has a fall.

In accordance with O. Reg. 246/22 s. 11. (1) (b) the licensee is required to ensure that the Fall Prevention Programs policies and procedures are complied.

Specifically, staff did not comply with the Policy "Fall Prevention and Injury Reduction Program", Procedure: "Post Fall Management, CARE5-010-05, reviewed March 31, 2024" staff are required to do the following: "Post fall management, upon

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discovering a resident who has fallen; Do not move the resident until an assessment is completed by the Nurse"

Sources: Post fall management policy, investigation notes and interviews with a Registered Practical Nurse (RPN) and a Registered Nurse (RN) .

## WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee has failed to ensure that a resident, who has episodes of incontinence, has an individualized plan, as part of their plan of care, to promote and manage continence based on the assessment and that the plan is implemented.

Sources: clinical records, interview with a RPN and with the Executive Director (ED).

## WRITTEN NOTIFICATION: Continence care and bowel

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## management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The licensee has failed to ensure that resident who required continence care products had sufficient changes to remain clean, dry and comfortable on a specific date.

Sources: A resident health care records, interview with a RN, the DOC and the ED.