

**Ministry of Health
and Long-Term Care**

Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
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**Ministère de la Santé
et des Soins de longue durée**

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance
et de la conformité
Bureau régional de services de Ottawa

347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4
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October 14, 2010

Ms. Charmaine Jordan
Administrator
Stirling Manor Nursing Home
218 Edward Street
P.O. Box 220
Stirling ON K0K 3E0

Dear Ms. Jordan:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on July 12, 2010 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,


Darlene Murphy
LTC Home Inspector - Nursing

C President, Resident's Council
President, Family Council



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

**Rapport d'inspection
prevue le Loi de 2007
les foyers de soins de
longue durée**

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
July 12, 2010	2010_103_2470_12Jul 082725	Complaint; Duty log #134
Licensee/Titulaire		
ManorCare Partners, 6257 Stouffville, ON L4A 4J3 Fax#- 905-640-4772		
Long-Term Care Home/Foyer de soins de longue durée		
Stirling Manor, 218 Edward St., P.O. Box 220, Stirling, Ontario K0K 3E0		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Darlene Murphy (ID#103)		

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Complaint inspection related to resident assessment.

During the course of the inspection, the inspector spoke with: Registered Nurses and Registered Practical Nurses, Personal Support Workers, the RAI Coordinator, and the Director of Care.

During the course of the inspection, the inspector reviewed one resident health care record.

The following Inspection Protocol was used in part or in whole during this inspection:
Hospitalization and Death Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

- 1 WN
- 1 VPC



NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the Long Term Care Homes Program Manual Standards and Criteria.

Criterion B1.6: Each resident's care and service needs shall be reassessed at least quarterly and whenever there is a change in the resident's health status, needs or abilities.

Findings:

1. Registered staff members documented in progress notes that a resident had an increased temperature of 38 degrees Celcius on May 6/10 at 0447 hour and 0730 hour; there was no indication of a reassessment for this change in condition despite resident reporting her breathing was worsening. May 6/10 at 2227 the resident's temperature was 37.8 degrees Celcius; the registered staff did assess the resident's chest to have decreased air entry to both bases, but no further action was taken.
2. Resident reported to staff her breathing was worsening on two separate occasions on May 6/10 and on one occasion on May 7/10. There was no reassessment of her change in condition.
3. Resident complained of increased shortness of breath on May 2, May 6 and May 7 and the registered staff did not administer Ventolin as prescribed.
4. Personal support worker notes for the night of May 8/10 indicate resident was experiencing hallucinations of someone standing at her bed; it was further documented that the resident was very short of breath and tired that morning. The registered staff documented "slept well". There was no reassessment of this change in the resident condition.

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 be implemented voluntarily. The voluntary plan of correction should include strategies to ensure residents with exacerbations of chronic lung conditions will be reassessed with changes in their conditions.

Inspector ID #: 103



Ministry of Health and
Long-Term Care

Ministère de la Santé et
des Soins de longue durée

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

Rapport
d'inspection prévue
le *Loi de 2007 les
foyers de soins de
longue durée*

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
		<i>Oct 6/10 Darlene Gough</i>
Title:	Date:	Date of Report: (if different from date(s) of inspection).