

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Original Public Report**

|  |                                    |
|--|------------------------------------|
| <b>Report Issue Date:</b> February 1, 2024   |                                    |
| <b>Inspection Number:</b> 2024-1583-0001   |                                    |
| <b>Inspection Type:</b><br>Critical Incident<br>Follow up  |                                    |
| <b>Licensee:</b> The Corporations of the City of Stratford, The County of Perth and The Town of St. Mary's |                                    |
| <b>Long Term Care Home and City:</b> Spruce Lodge Home for the Aged, Stratford                             |                                    |
| <b>Lead Inspector</b><br>Brandy MacEachern (000752)  | <b>Inspector Digital Signature</b> |
| <b>Additional Inspector(s)</b>   |                                    |

**INSPECTION SUMMARY**

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| <p>The inspection occurred onsite on the following date(s): January 25, 30, 2024<br/>The inspection occurred offsite on the following date(s): January 29, 2024</p> <p>The following Critical Incident (CI) intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>Intake: #00102025/ CI M575-000025-23 related to fall prevention and management</li> </ul> <p>The following Follow Up Compliance Order (CO) intake(s) were completed:</p> <ul style="list-style-type: none"> <li>Intake: #00100475/ CO #001 related to FLTCA, 2021 - s. 6 (7) Plan of care</li> </ul> |
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**Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance:  
Order #001 from Inspection #2023-1583-0005 related to FLTCA, 2021, s. 6 (7) inspected by

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Brandy MacEachern (000752)

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

Resident Care and Support Services  
Infection Prevention and Control  
Falls Prevention and Management

## 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 (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 related to fall interventions, was provided to a resident as specified in their plan.

#### **Rationale and Summary**

A Critical Incident System (CIS) report was received by the Director, related to the fall of a resident.

During a record review, the resident's care plan stated under the falls risk focus that they used a specific device. In an observation of the resident, this specific device was not seen. A staff member acknowledged that the device was not in place, as indicated in the resident's care plan and informed that they would put the device in place.

In a secondary observation that day, the resident was seen with the specific device in place.

There was a risk that the resident could have fallen when this specific device was not in place, as specified in their care plan.

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**Sources:** Resident observations, Resident care plan, staff interview.

[000752]