

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

Public Report

Report Issue Date: July 25, 2025

Inspection Number: 2025-1583-0003

Inspection Type:

Critical Incident
Follow up

Licensee: The Corporations of the City of Stratford, The County of Perth and The Town of St. Mary's

Long Term Care Home and City: Spruce Lodge Home for the Aged, Stratford

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 8-10, 14-18, 22-23, 25, 2025

The following intake(s) were inspected:

- Intake #00145335 Follow-up CO #002 related to O. Reg. 246/22 - s. 108 (1) Dealing with complaints CDD May 23, 2025.
- Intake #00145336 Follow-up CO #001 related to FLTCA, 2021 - s. 28 (1) 1. Reporting certain matters to Director CDD May 23, 2025.
- Intake #00145337 Follow-up CO #003 related to O. Reg. 246/22 - s. 140 (2) Administration of drugs with CDD June 16, 2025.
- Intake #00150043 CI #M575-000004-25 related to fall of a resident.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

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Order #002 from Inspection #2025-1583-0002 related to O. Reg. 246/22, s. 108 (1)

Order #001 from Inspection #2025-1583-0002 related to FLTCA, 2021, s. 28 (1) 1.

Order #003 from Inspection #2025-1583-0002 related to O. Reg. 246/22, s. 140 (2)

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

- Medication Management
- Reporting and Complaints
- Falls Prevention and 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: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that resident's plan of care was reviewed and revised when their care needs changed, and interventions outlined in the plan were no

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longer required.

Resident's plan of care included a specific fall intervention to mitigate fall risk. However, the intervention was no longer being used. The care plan was not updated, and staff continued to document the intervention as if it were still in place. The care plan was later updated, and the intervention was removed.

Sources: Review of plan of care and clinical records, staff interviews, and direct observation.

Date Remedy Implemented: July 15, 2025

WRITTEN NOTIFICATION: Home to be safe, secure environment

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

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee failed to ensure that the home provided a safe and secure environment for its residents, specifically in relation to fall risk mitigation.

A raised transition flooring strip was observed between a resident's bathroom and bedroom. The resident had fallen when a component of their mobility device caught on the strip, leading to injury, hospitalization, and reduced mobility.

Several staff members acknowledged identifying the flooring hazard after discussing the fall with the resident but did not report it or take corrective action.

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The flooring materials had been ordered to fix the issue, however was only done after the inspector raised the concern.

Sources: Observation of the resident's room, review of clinical records, and interviews with staff.

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) (a) (ii)

Skin and wound care

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

(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)

(ii) upon any return of the resident from hospital, and

The licensee failed to ensure that resident received a skin assessment by registered staff using a clinically appropriate assessment tool upon return from hospital.

The resident had sustained skin injuries and was later transferred to hospital. Upon return, no skin assessment was completed. A staff member confirmed that both a wound assessment and a head to toe skin assessment should have been done at that time.

Sources: Review of clinical records, relevant policy, and staff interviews.

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WRITTEN NOTIFICATION: Skin and wound care

NC #004 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 that resident exhibiting altered skin integrity, was reassessed at least weekly by registered nursing staff.

An initial skin assessment for resident documented skin impairments. However, no weekly follow-up assessments were completed. A staff member confirmed that weekly reassessments were expected until the skin issues resolved.

Sources: Review of clinical records, relevant policy, and staff interviews.