

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: October 7, 2025

Inspection Number: 2025-1583-0005

Inspection Type:

Critical Incident

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 dates: October 1-3, 6, & 7, 2025.

The inspection occurred offsite on the following dates: October 3, 2025.

The following intakes were inspected:

- Intake: #00155591 / Critical Incident (CI) #M575-000011-25 - regarding an emergency response
- Intake: #00156586 / CI #M575-000014-25 - regarding a disease outbreak
- Intake: #00157913 / CI #M575-000018-25 - regarding falls prevention and management

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

Safe and Secure Home
Infection Prevention and Control
Responsive Behaviours
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

- (a) the behavioural triggers for the resident are identified, where possible;
- (b) strategies are developed and implemented to respond to these behaviours, where possible; and
- (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that, for a resident demonstrating responsive behaviours, 1) behavioural triggers were identified, 2) strategies were developed and implemented for the behaviours, and 3) reassessments of the resident's continued responsive behaviours were completed.

Sources: Review of a resident's health care records, and interviews with staff.

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**COMPLIANCE ORDER CO #001 Home to be safe, secure
environment**

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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 inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

A) Develop and implement a process to verify that one of the home's resident safety systems is functioning daily. Each verification must be documented with the date, time, name of the staff member performing the check, and confirmation of whether the system is working. This written documentation is to be kept in the home until this order is complied.

B) Develop and implement a process to verify and document details about a resident at a specified frequency. This written documentation will be kept in the home until this order is complied.

C) Retrain a staff member on one of the home's policies. This retraining must be documented, including the date, time, and content of the training. The written documentation of this retraining will be kept in the home until this order is complied.

D) Hold an interdisciplinary care conference to discuss a resident's needs. Record of the care conference will be documented within the resident's health care record and will include specific topics of discussion related to the resident's needs.

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Grounds

The licensee has failed to ensure the home was a safe and secure environment for its residents.

A resident was in an unsafe situation when one of the home's resident safety systems was temporarily deactivated. In response to the situation, the home failed to activate one of their emergency response policies.

During inspection, the same resident safety system was noted to not be functioning, and there was documentation to support the system had not been functioning on a previous occasion.

A resident's physical safety was put at risk when one of the home's resident safety systems was deactivated, and multiple residents' physical safety was put at risk when the same system was observed to not be functioning.

Sources: Observations of one of the home's resident safety systems, review of resident health care records, the home's emergency response debrief, and the resident safety system log, and interviews with staff.

This order must be complied with by November 14, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.