Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: December 5, 2025

Inspection Number: 2025-1583-0006

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 dates: December 1-5, 2025.

The following intakes were inspected:
-Intake: #00159731 - Follow-up # 1 of Compliance Order (CO) #001 from inspection 2025-1583-0005 related to FLTCA, 2021 - s. 5, Safe and secure home
-Intake: #00160347 - Critical Incident (CI) #M575-000019-25 related to falls prevention and management
-Intake: #00160349 - CI #M575-000020-25 related to infection prevention and control
-Intake: #00162911 - CI #M575-000023-25 related to a resident safety risk

Previously Issued Compliance Order(s)

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

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Order #001 from Inspection #2025-1583-0005 related to FLTCA, 2021, s. 5

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

Skin and Wound Prevention and Management
Safe and Secure Home
Infection Prevention and Control
Responsive Behaviours
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: O. Reg. 246/22, s. 138 (1) (b)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

Controlled substances were not in a locked area within a locked medication cart. There were no staff or residents within the immediate vicinity.

A staff member was alerted of the unlocked box of controlled substances, and promptly re-locked the box.

Sources: observations of a medication cart, and an interview with a staff member.

Date Remedy Implemented: December 5, 2025

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

One of the home's safety systems was not maintained in a safe condition, as the equipment was not in working order on multiple occasions. During a time when the system was not in working order, a resident's safety was at risk.

Sources: observations of the home's safety system, record review of CI #M575-000023-25, the home's safety system documentation, and a resident's health care records, and staff interviews.

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) (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;

A resident exhibited altered skin integrity, but was not reassessed at least weekly when it was clinically indicated, as per the home's skin and wound care program.

Sources: record review of a resident's health care records, and the home's skin and wound care program, and interviews with staff.

COMPLIANCE ORDER CO #001 Responsive behaviours

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Ensure any nursing staff who will provide care for a resident are advised at the

beginning of every shift of the resident's: 1) current interventions in place for one of the resident's responsive behaviours, and 2) details regarding one of the resident's safety risks. Support of this advisement of staff will be documented at the beginning of every shift on the resident home area where the resident resides, until this order is complied.
B) Retrain all staff on one of the home's policies. Record of this retraining must include the names of the staff retrained and the date the staff were retrained. Record of this retraining must be kept in the home until this order is complied.
C) Re-assess and revise the interventions in place for a resident related to one of their responsive behaviours to minimize the risk to the resident. This reassessment and revision are to be documented in the resident's health care record.

Grounds

When a resident exhibited a responsive behviour, the planned interventions were not completed, which resulted in a risk to the resident's safety.

A resident's plan of care included interventions related to one of their safety risks. Staff did not follow these interventions, despite knowing they were required to do so. As a result, the resident's safety was placed at risk.

Sources: record review of CI #M575-000023-25, and a resident's health care records, and interviews with staff.

This order must be complied with by January 30, 2026

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

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

151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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

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.