

Original Public Report

Report Issue Date October 18, 2022

Inspection Number 2022_1430_0001

Inspection Type

- Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee

Sprucedale Care Centre Inc.

Long-Term Care Home and City

Sprucedale Care Centre, Strathroy

Lead Inspector

Tatiana Pyper (733564)

Inspector Digital Signature

Additional Inspector(s)

Inspection Manager Tawnie Urbanski (754) was present during this inspection.

INSPECTION SUMMARY

The inspection occurred on the following date(s): October 11, 12, and 13, 2022.

The following intake(s) were inspected:

- Intake # 00008868-22 (CIS # 2946-000011-22) related to falls prevention.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)

INSPECTION RESULTS

WRITTEN NOTIFICATION INFECTION PREVENTION AND CONTROL

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

Non-compliance with: O. Reg. 246/22 s.102 (8).

The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program.

A) Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes updated June 2022, stated “Licensees are required to ensure that the masking requirements as set out in the COVID-19 Guidance Document for Long-Term Care Homes in Ontario, or as amended, are followed”.

COVID-19 guidance document for long-term care homes in Ontario, updated October 14, 2022, states “Masks are required for long-term care staff, as well as for visitors and others entering long-term care homes,” and “homes must ensure that all staff comply with masking requirements at all times, even when they are not delivering direct patient care, including in administrative areas.”

On a specific date, two individuals were observed sitting next to each other, without wearing a mask, while in an area of the home.

In an interview, Middlesex London Health Unit Public Health Inspector #114, stated that everyone who entered a long-term care facility must wear a mask, without any exception, as per public health guidelines. Middlesex London Health Unit Public Health Inspector #114 stated that when staff members are taking a break, they should be six feet apart, and they should be in a designated area.

Sources: IPAC Observations, review of the Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes updated June 2022, COVID-19 guidance document for long-term care homes in Ontario, updated October 14, 2022, interview with Middlesex London Health Unit Public Health Inspector #114.

B) On a specific date, Personal Support Worker (PSW) #109 was observed leaving a resident’s room while wearing gloves and carrying soiled clothing in their hands, not doffing their gloves, and performing hand hygiene. PSW #109 was then observed opening the door to the utility room while wearing gloves and carrying soiled clothing in their hands.

In an interview, Infection Prevention and Control Lead (IPAC Lead) #112 stated that PSWs are expected to take the garbage cans and the laundry hampers in the room with them when providing care to a resident. IPAC Lead stated that PSW#109 not doffing their gloves and

performing hand hygiene, and leaving a resident's room while carrying soiled clothing, does not meet the expectations of the home.

In an interview, Middlesex London Health Unit Public Health Inspector #114, stated that PSW#109 not doffing their gloves and performing hand hygiene, and then leaving a resident's room while carrying soiled clothing, does not meet the expectations of the Infection Prevention and Control best practices.

Sources: IPAC observations, interview with PSW #109, IPAC Lead #112, and Middlesex London Health Unit Public Health Inspector #114.

[733564]

WRITTEN NOTIFICATION FALLS PREVENTION AND MANAGEMENT PROGRAM

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

Non-compliance with: O. Reg. 246/22 s.53 (1) 1.

The licensee has failed to comply with the Falls Prevention and Management Program in the home for the Head Injury Routine (HIR) for a resident.

In accordance with O. Reg 246/22 s. 11. (1) b, the licensee was required to ensure the falls prevention and management program was complied with, was part of the licensee's Falls Prevention and Management Program.

Specifically, staff did not comply with the licensee's Head Injury Policy #NS. 05.12, effective June 2017, which was part of the licensee's Falls Prevention and Management Program.

Rationale and Summary

A resident had an unwitnessed fall, requiring HIR. The HIR documentation was not completed for four of the indicated times required; the documentation indicated "sleeping."

The resident had an unwitnessed fall, requiring HIR. The HIR documentation was not completed for one of the indicated times as required; the documentation indicated "missed."

Director of Care (DOC) #101 indicated that the HIR for the resident was not completed according to the home's Falls Prevention and Management policy.

There was risk to the resident when they were not neurologically assessed after having unwitnessed falls.

Sources: Critical Incident #2946-000011-22, review of the resident's clinical records, Sprucedale Care Head Injury Routine Policy NS. 05.12 effective June 2017, and interview with Director of Care #101.

[733564]

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. Please include the inspection report # and the order or AMP #;
- (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
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- 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:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- 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
email: 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.