

Ministry of Long-Term Care

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

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: May 21, 2024	
Inspection Number: 2024-1454-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Spencer House Inc.	
Long Term Care Home and City: Spencer House, Orillia	
Lead Inspector Jennifer Nicholls (691)	Inspector Digital Signature
Additional Inspector(s) Tracy Muchmaker (690)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): April 29-30, 2024, May 1-3, 2024 and May 6, 2024.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • One Intake related to PCI Inspection

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management

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Residents' and Family Councils
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
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 has failed to ensure that a resident's plan of care was revised when their care needs had changed.

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A resident had a change in their health status and their plan of care was not updated to reflect the change in care needs at the time.

The Director of Care (DOC) confirmed that the plan of care should have been updated at the time that the changes occurred.

There was a low risk to the resident as corrective action was taken by the home, and the care plan was revised to reflect the care that was being provided.

Sources: A resident's care plan and Point of Care (POC) documentation; interviews with a resident, the DOC, and other staff.

[690]

Date Remedy Implemented: May 3, 2024



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

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