



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
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**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 3, 2014	2014_229213_0066	L-001260-14	Resident Quality Inspection

#### **Licensee/Titulaire de permis**

SPRUCE LODGE HOME FOR THE AGED  
643 West Gore Street, STRATFORD, ON, N5A-1L4

#### **Long-Term Care Home/Foyer de soins de longue durée**

SPRUCE LODGE HOME FOR THE AGED  
643 WEST GORE STREET, STRATFORD, ON, N5A-1L4

#### **Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

RHONDA KUKOLY (213), INA REYNOLDS (524), MELANIE NORTHEY (563)

### **Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): October 21, 22, 23, 24 & 27, 2014**

**Critical Incident L-001259-14 was completed concurrently within this Resident Quality Inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing Care, Clinical Resource Nurse, Life Enrichment Manager, Environment Services Manager, RAI Coordinator, 2 Registered Nurses, 5 Registered Practical Nurses, 9 Personal Support Workers, 2 Administrative Assistants, 2 Environment Services Aides, 40+ Residents and 3 Family Members.**

**During the course of the inspection, the inspector(s) conducted a tour of all Resident areas and common areas, observed Residents and the care provided to them. Observed meal and snack service, medication administration and medication storage. Clinical records for identified Residents were reviewed. The inspectors reviewed policies and procedures as well as minutes of meetings pertaining to the inspection, observed general maintenance, cleaning and condition of the home.**

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



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**Accommodation Services - Laundry  
Accommodation Services - Maintenance  
Continence Care and Bowel Management  
Dining Observation  
Falls Prevention  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Skin and Wound Care  
Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)  The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.  Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

**Specifically failed to comply with the following:**

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the home and furnishings are maintained in a good state of repair.

Observations throughout the inspection by all inspectors revealed:

Multiple areas of scrapes, scuffs and gouges were observed in the hallway walls and corners in the common areas and in all 5 Resident home areas.

Wooden hand rails in all hallways are scuffed, scraped and gouged.

A Resident room in the East home area has large areas of scraped and gouged paint in the walls and in the closet doors.

Multiple stained and discoloured ceiling tiles.

Multiple areas in walls that have been painted without repair to the drywall underneath and areas of drywall repair without paint.

A hole in the wall beside the stairwell entrance in the lower level.

Multiple areas with holes with plastic wall plugs where something had been hung and had been removed with the hole remaining.

Staff interview with the Environment Services Manager on October 27, 2014 confirmed that all of the above are areas in disrepair and need to be addressed. [s. 15. (2) (c)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home and furnishings are maintained in a good state of repair, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**



**Specifically failed to comply with the following:**

**s. 31. (3) The staffing plan must,**

**(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**

**(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**

**(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**

**(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**

**(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

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**Findings/Faits saillants :**

1. The licensee has failed to ensure that the staffing plan is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Interviews with 8 Residents revealed that they had concerns with not receiving care as scheduled or waiting long periods of time for care and the reason given was that they are often short staffed.

Record review revealed there is a staffing plan in place, but it is not evaluated and updated at least annually.

Staff interview with the Administrator and Director of Nursing Care on October 27, 2014 confirmed that the staffing plan is not updated annually with a written evaluation. [s. 31. (3)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing**



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**Specifically failed to comply with the following:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Interviews with Residents #28, #29, #31, #40, #55 & #59 on October 21, 22 & 23, 2014 revealed they are not receiving their preferred method of bathing as scheduled.

Staff interview with the Clinical Resource Nurse on October 24, 2014 and the Director of Nursing Care on October 27, 2014 revealed the home acknowledged there are staffing issues with Personal Support Workers (PSWs) and one of the consequences is missed tub baths and/or showers. [s. 33. (1)]

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**Issued on this 3rd day of November, 2014**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**