

Health System Accountability and Performance Division Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé Direction de l'amélioration de la performance et de la conformité

Ministry of Health and Long-Term Care

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

London Service Area Office 291 King Street, 4th Floor LONDON, ON, N6B-1R8 Telephone: (519) 675-7680 Facsimile: (519) 675-7685 Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 2, 5, 2011	2011_069170_0015	Critical Incident
Licensee/Titulaire de permis		
SPRUCE LODGE HOME FOR THE AGED 643 West Gore Street, STRATFORD, ON, Long-Term Care Home/Foyer de soins	N5A-1L4	
SPRUCE LODGE HOME FOR THE AGED 643 WEST GORE STREET, STRATFORD		
Name of Inspector(s)/Nom de l'inspecte	ur ou des inspecteurs	
DIANNE WILBEE (170)		,
Institute in the second of the	pection Summary/Résumé de l'inspe	ection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with Administrator and Clinical Resource Nurse.

During the course of the inspection, the inspector(s) reviewed applicable policies and procedures, reviewed home's summary of investigation, reviewed New Staff Orientation checklist and Spruce Lodge Orientation for Resident Assistants checklist for content inclusion, reviewed recent orientation for a new staff member for content inclusion.

The following Inspection Protocols were used in part or in whole during this inspection: Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES			
Definitions WN - Written Notification	Définitions		
VPC – Voluntary Plan of Correction DR – Director Referral	WN – Avis écrit VPC – Plan de redressement volontaire DR – Alguillage au directeur		
CO – Compliance Order WAO – Work and Activity Order	CO – Ordre de conformité WAO – Ordres : travaux et activités		



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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 O.Reg 79/10, s. 96. Policy to promote zero tolerance Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected:
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;
- (c) identifies measures and strategies to prevent abuse and neglect;
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and
- (e) identifies the training and retraining requirements for all staff, including,
- (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and
- (ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.

Findings/Faits sayants:

- 1. The home's Abuse of Residents Policy Index #II-07 Updated May 2011 does not include the following requirements:
- a) procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected; Reference O.Reg. 79/10, s.96(a)
- b) measures and strategies to prevent abuse and neglect; Reference O.Reg. 79/10, s.96(c)

Issued on this 11th day of August, 2011

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

Dianu Kilbre # 170