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
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Original Public Report

Report Issue Date: July 25, 2023	
Inspection Number: 2023-1583-0004	
Inspection Type: Proactive Compliance Inspection	
Licensee: The Corporations of the City of Stratford, The County of Perth and The Town of S	
Long Term Care Home and City: Spruce Lodge Home for the Aged, Stratford	
Lead Inspector Rhonda Kukoly (213)	**Inspector Digital Signature** Rhonda Kukoly Digitally signed by Rhonda Kukoly Date: 2023.07.25 15:00:11 -04'00'
Additional Inspector(s) Melanie Northey (563)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 11, 12, 13, 14, 17, 18, 19, 2023

The following intake(s) were inspected:

- Intake: #00091088 - Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
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)
FLTCA, 2021, s. 6 (1) (c)

The licensee has failed to ensure that there was a written plan of care for a resident that set out clear directions to staff and others who provided direct care to the resident.

Rationale and Summary
A resident reported that a treatment was inconsistent across the Personal Support Workers (PSWs) who provide personal care to the resident.

The plan of care indicated a treatment was to be provided four times a day as needed. A PSW stated it was typically provided when the resident requested it. A registered nursing staff member verified the direction to PSW staff was unclear. The resident was consulted and advised the staff of their preference related to the treatment and the plan of care was revised as per the resident's wishes. The risk to the resident was low; the resident had the treatment provided at times and the treatment area was assessed.

Sources: Clinical record review for a resident, and resident and staff interviews.

Date Remedy Implemented: July 18, 2023 [563]

WRITTEN NOTIFICATION: Home to be safe, secure environment

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 5

The licensee has failed to ensure that the home was a safe and secure environment for its residents when tools and equipment were left unattended in a main hallway area in front of the entrance to resident care area.

Rationale and Summary
Construction equipment related to the installation of air conditioning was found in a resident common area directly in front of the entrance to a resident care area on multiple observations during the inspection. The Facilities Manager and the Administrator said that the equipment should not have been left unattended as it was a safety hazard to residents. The contractor staff had been made aware on previous dates as well as during the inspection, that the expectation was that equipment could not be left unattended and present a safety hazard to residents.

Sources: Observations and staff interviews [213]

WRITTEN NOTIFICATION: Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Rationale and Summary
A resident had a physician's order related to a specific treatment that was to be provided consistently. The resident was observed on two different occasions to have the treatment provided, but not as specifically directed in the physician's order. There was risk to the resident when the treatment was not provided as ordered.

Sources: Observations, clinical record review for a resident, policy review, and resident and staff interviews [563]

WRITTEN NOTIFICATION: Dining and snack service

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

The licensee has failed to ensure that the home had a dining and snack service that included food and fluids being served at a temperature that was both safe and palatable to the residents.

Rationale and Summary
The Daily Food Temperature Chart included documentation of some food temperatures at the point of service for lunch and supper, but did not include any temperatures at breakfast. The chart included areas to document temperatures of soup, entrée one, entrée two, chicken breast, pureed meat, ground meat, gravy or sauce, and rice. The chart did not include areas to document temperatures of sides, vegetables, or any cold food. Dietary staff said it was not their usual practice to take temperatures at the point of service for breakfast, cold foods, or hot foods other than meat. The Nutrition Services Manager said that the policy and procedures were not up to date and needed to be updated to include temperatures of all foods at point of service, not just at the time of cooking. They said that food served at a temperature that was too hot, or cold foods not kept at a safe temperature could be unsafe for residents.

Sources: Observations of meals on one unit, the home's policy "Food Temperature Checks" #FS 4-4, a Daily Food Temperature Chart, and staff interviews [213]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (7) 3.

The licensee has failed to ensure that the designated infection prevention and control (IPAC) lead carried out the responsibility of overseeing the delivery of IPAC education to all staff, caregivers, volunteers, visitors and residents.

Rationale and Summary
The IPAC Lead stated the Payroll Administrative Assistant (PAA) would run a report for the completion of IPAC training in Surge Learning and would provide the report to the Human Resource Manager (HRM), who would review those staff members who remained incomplete. An email would then be sent by

HRM to the staff members stating that the deadline had been extended. The IPAC lead stated they were not included in the emails or communication related to the incomplete IPAC education and did not oversee the delivery of Surge IPAC education, including the completion of Surge Learning of IPAC education completed by staff hired after April 11, 2022.

Sources: IPAC Policies, Surge Learning reports and staff interviews [563]

WRITTEN NOTIFICATION: Orientation

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 259 (2) (c)

The licensee has failed to ensure that the training for staff in infection prevention and control (IPAC) included signs and symptoms of infectious diseases.

Rationale and Summary
The Surge Learning IPAC modules did not include training for staff related to the signs and symptoms of infectious diseases. The IPAC Lead stated there was no module that identified the specific training for staff related to the signs and symptoms of infectious diseases, but the signs and symptoms of COVID were included. The IPAC Lead stated the IPAC education that was required for all new hires after April 11, 2022, for the signs and symptoms of infectious diseases would be added to the curriculum for IPAC training and verified two staff members hired after April 11, 2022, did not receive the required IPAC training. There was risk that signs and symptoms of infectious diseases may not have been identified when staff did not receive the required training.

Sources: Surge Education Reports, IPAC Education for Surge Learning and staff interviews [563]

WRITTEN NOTIFICATION: Orientation

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 259 (2) (h)

The licensee has failed to ensure that the training for staff in infection prevention and control (IPAC) included handling and disposal of biological and clinical waste.

Rationale and Summary

The Surge Learning IPAC modules did not include training for staff related to the handling and disposal of biological and clinical waste. The IPAC Lead stated there was no module that identified the specific training for staff related to the handling and disposal of biological and clinical waste. The IPAC Lead stated the IPAC education that was required for all new hires after April 11, 2022, for the handling and disposing of biological and clinical waste would be added to the curriculum for IPAC training and verified that two staff members hired after April 11, 2022, did not receive the required IPAC training. There was risk that biological and clinical waste might not be handled appropriately when the staff did not receive the required training.

Sources: Surge Education Reports, IPAC Education for Surge Learning and staff interviews [563]