

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**  
130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## Original Public Report

<b>Report Issue Date:</b> October 27, 2023	
<b>Inspection Number:</b> 2023-1583-0005	
<b>Inspection Type:</b> Critical Incident	
<b>Licensee:</b> The Corporations of the City of Stratford, The County of Perth and The Town of St. Mary's	
<b>Long Term Care Home and City:</b> Spruce Lodge Home for the Aged, Stratford	
<b>Lead Inspector</b> Brandy MacEachern (000752)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

## INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): October 20, 23, 2023</p> <p>The following Critical Incident (CI) intakes were inspected:</p> <ul style="list-style-type: none"> <li>Intake: #00094031 [CI# M575-000017-23] related to Falls Prevention and Management</li> <li>Intake: #00097239 [CI# M575-000021-23] related to Falls Prevention and Management</li> </ul> <p>The following intake(s) were also completed:</p> <ul style="list-style-type: none"> <li>Intake: #00092280 [CI# M575-000016-23] related to Falls Prevention and Management</li> <li>Intake: #00096134 [CI# M575-000018-23] related to Falls Prevention and Management</li> </ul> <p>Inspection Managers Amie Gibbs-Ward and Lucas Makarchuk were present during inspection.</p>
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The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control
- Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Monitoring of Residents

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

The licensee has failed to ensure that when the resident fell, the Head Injury Routine (HIR) protocol was completed for the required assessment intervals. In accordance with O. Reg. 246/22 s. 11 (1) (b) the licensee is required to ensure the home's falls prevention and management program was in place, and ensure it was complied with.

Specifically, staff did not comply with the licensee's Head Injury Protocol which was part of the licensee's policy: Falls Prevention Resident Care Manual - which stated a head injury protocol will be followed for all unwitnessed falls.

#### Rational and Summary:

The Critical Incident System (CIS) report submitted to the Director for a fall of resident. During a review of the resident's post fall incident assessments, it was identified that the resident had a history of additional unwitnessed falls, with HIRs initiated.

In the resident's paper chart, the HIR documents for the unwitnessed falls, showed seven different assessment intervals, with no assessment completed.

The home's Falls Prevention Resident Care Manual stated that a head injury protocol would be followed when a resident has an unwitnessed fall.

Specifically, the HIR form indicated that vital signs, level of consciousness, Glasgow Coma Scale, pupils, and limb movements would be assessed for specific time intervals.

The Director of Care acknowledged in an interview that HIR assessments were not completed as expected for the resident.

There was increased risk that the resident, who had unwitnessed falls, may have had worsening or new neurological issues that went unnoticed.

#### Sources:

CIS Report, The resident's physical chart, The resident's PCC documentation, Staff Interviews, HIR form, Falls Prevention Resident Care Manual

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[000752]

## COMPLIANCE ORDER CO #001 Care Provided as Specified in the Plan

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 6 (7)

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- A) Review and revise the home's processes to ensure that resident care, related to a specific care area is provided to all residents on a specific unit as specified in their plans
- B) A documented record of the review and revision must be maintained

### Grounds

The licensee has failed to ensure that the care set out in a resident's plan of care related to the level of assistance required for a specific care activity was provided to the resident as specified in the plan.

### Rational and Summary:

A Critical Incident (CIS) System report was received by the Director, regarding a fall for a resident that resulted in an injury.

Through a review of the resident's care plan, at the time of the fall the plan indicated the resident required a specific level of assistance.

The CIS report stated that the resident was found on the floor. During an interview with a Registered Nursing staff, they confirmed that the resident had been ambulating without assistance at the time of the fall. Additionally, a staff member, advised in an interview that the resident should not have been walking without staff assistance.

There was actual harm to the resident when they fell and suffered an injury, while ambulating without the assistance they required.

### Sources:

CIS Report, The resident's Care Plan, The resident's Mobility Transfer Evaluation, Staff interviews.

[000752]

**This order must be complied with by December 11, 2023**

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**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

**Compliance History:**

-A Compliance Order was issued related to LTCHA s. 6 (7) plan of care on January 27, 2022, as part of Inspection #2022\_834524\_0001

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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## 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;
- (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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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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:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) 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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).