

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

Report Issue Date: November 20, 2024
Inspection Number: 2024-1583-0004
Inspection Type: Critical Incident Follow Up
Licensee: The Corporations of the City of Stratford, The County of Perth and The Town of St. Mary's
Long Term Care Home and City: Spruce Lodge Home for the Aged, Stratford

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): November 7, 8, and 12, 2024</p> <p>The following Critical Incident (CI) intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00124285 [CI #M575-000020-24] related to Acute Respiratory Infection (ARI) outbreak • Intake: #00125773 [CI #M575-000024-24] ARI outbreak • Intake: #00125294 [CI #M575-000022-24] related to fall prevention management <p>The following Follow Up intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00125530 – Follow Up Compliance Order (CO) #001 from Inspection 2024-1583-0003 related to O. Reg. 246/22 - s. 12 (2) for Doors in the Home with Compliance Due Date (CDD) October 11, 2024 • Intake: #00125529 – Follow Up CO #002 from Inspection 2024-1583-0003 related to O. Reg. 246/22, s. 58 (4) (b) for Responsive Behaviours with a CDD October 11, 2024

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

- Order #001 from Inspection #2024-1583-0003 related to O. Reg. 246/22, s. 12 (2)
- Order #002 from Inspection #2024-1583-0003 related to O. Reg. 246/22, s. 58 (4)

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

- Safe and Secure Home
- Infection Prevention and Control
- Responsive Behaviours
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

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.

The licensee failed to ensure that a resident was reassessed and the plan of care reviewed and revised, when the resident's care needs changed.

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Rationale and Summary

The care plan for the resident documented an intervention that did not match the monitoring expectations identified as part of the Door Security policy and the Resident Access to Secure Courtyard policy. The resident's care needs related to monitoring changed and the care plan was not revised.

Sources: resident clinical record review, policy reviews, observations and staff interviews.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to Infection Prevention and Control (IPAC) was implemented. Specifically, in the IPAC Standard, section 10.4 (d) i states that monthly audits of adherence to the four moments of hand hygiene by staff would be conducted.

Rationale and Summary

During an IPAC inspection the most recent hand hygiene audits were collected, these audits were dated in September 2024. The IPAC Lead acknowledged that hand hygiene audits were not conducted in October 2024.

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The IPAC lead preformed hand hygiene audits in November 2024, and provided these to the Inspector.

Sources: Hand hygiene audits, and staff interview.

COMPLIANCE ORDER CO #001 Doors in a Home

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 2.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

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

The Licensee has failed to comply with O. Reg. 246/22, s. 12 (1) 2

Specifically, the licensee must:

- a) Ensure that all doors leading to secure outside areas are equipped with locks to restrict unsupervised access to those areas by residents.
- b) Ensure audits are completed for both Cottage doors leading to secure outside areas and there must be a documented record maintained of the date, location, and follow up actions if required. Complete audits until the compliance order is complied by an inspector.
- c) Ensure there is a designated staff role completing the audits.

Grounds

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The licensee failed to ensure that all doors leading to secure outside areas were equipped with locks to restrict unsupervised access to those areas by residents.

Rationale and Summary

During an interview with a Personal Support Worker (PSW), they stated the wheelchair access button could be used to exit a Cottage to the courtyard without having to keycode for access. The PSW stated a wandering resident could exit the doors at any time "24/7" but it would alarm to alert staff.

Inspector pushed the wheelchair access button and the door automatically unlocked, opened, and alarmed without using a keycode. When the keycode access was used the door unlocked but remained closed until the wheelchair access button was pressed to automatically open. The door could also be pushed open when the keycode was used. The door remained open and unlocked for approximately 30 seconds, closed, and locked again. A Registered Nurse was present and verified the courtyard access door was to remain locked at all times and a keycode used to permit resident access outside.

A progress note for a resident documented they were found outside in the early morning by themselves. The door leading to the secured outside area for a Cottage, although equipped with a lock, did not preclude exit by the resident to restrict unsupervised access to the courtyard.

The Manager of Housekeeping and Laundry also tested the door with the keycode access and the door unlocked, but did not open automatically, the wheelchair button then needed to be pressed. The Manager then pressed the wheelchair button and the door unlocked, opened automatically, and alarmed without keycode access. There were other times the door unlocked and opened without an alarm. The Manager stated the door should only open by keycode by staff and added

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there was work done and wondered if the contractor did not connect the access properly. The Manager contacted the Environmental Service Manager (ESM) by telephone, and they also verified the door leading to the courtyard should never open without a keycode by staff. The Manager disconnected the wheelchair access to prevent auto unlocking and to restrict unsupervised access to the courtyard by residents. The Administrator and the Director of Care were both unaware that the door leading to a courtyard from a Cottage was unlocked and opened by the wheelchair access button without the use of a keycode.

Another Cottage also had doors leading to a secure outside area to a courtyard. The access door near the cottage nursing station was not equipped with a keycode panel to lock the door. The door was found unlocked by inspectors and could be opened freely. The keycode panel was available for use but the Administrator stated it was for the alarm only and the door was to be locked by key. The code was used and door remained unlocked but alarmed when opened. The door leading to the courtyard was equipped with a lock but did not restrict unsupervised access to that area by residents. A resident was observed walking past the access door multiple times. The Administrator verified the door leading to the courtyard was unlocked and could not be locked by keycode and stated it should be locked at all times.

The Door Security policy documented all doors leading to secure outside areas, (Cottage B/C courtyard, Center Courtyard, West Courtyard, Cottage A Courtyard) were equipped with locks and must be locked at all times to restrict unsupervised access.

At the time of the inspection the management staff were unaware that the wheelchair access button unlocked the door leading to a courtyard and automatically opened to provide unsupervised access to the courtyard without the

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use of keycode access by staff. The other courtyard access door was not key locked after use and staff did not know how long the door was unlocked.

Sources: review of policies, resident clinical records, training records; interviews with staff and observations.

This order must be complied with by December 20, 2024

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

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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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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

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after 4 p.m.

(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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, 9th Floor
Toronto, ON, M5S 1S4

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Director

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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.