

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

Public Report

Report Issue Date: April 16, 2025

Inspection Number: 2025-1583-0002

Inspection Type:

Complaint
Critical Incident

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

The inspection occurred onsite on the following date(s): April 7-11, 14-16, 2025

The following intake(s) were inspected:

- Intake: #00139645/ CI #M575-000001-25 Related to Influenza A Outbreak.
- Intake: #00141050/ CI #M575-000002-25 Related to a medication error for a resident requiring hospital transfers.
- Intake: #00144080 A concern from Family Council regarding alleged resident abuse.
- Intake: #00144128 A concerns regarding staff administering medications.
- Intake: #00144210 A concerns with multiple medication errors for a resident.
- Intake: #00144611 A concern regarding staff administering medication to a resident and an alleged neglect of the resident.
- Intake: #00144762 A concern regarding multiple medication errors for the resident.

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

- Contenance Care
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect

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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)

Non-compliance with: FLTCA, 2021, s. 6 (1) (a)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident;

The licensee failed to ensure that a resident's planned care for their condition was included in the resident's written plan of care. A Registered Nurse (RN) and a physician had planned a specific treatment for the resident's condition when other interventions were ineffective. However, the interventions for treatment plan were not documented in the resident's written plan of care.

Sources: Review of the resident's health care records available in the home, documentation completed by the RN for the resident, and interviews with the RN and the physician.

Date Remedy Implemented: April 9, 2025

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WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 16.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

The licensee has failed to ensure a resident received proper care and services consistent with their needs when a staff member did not comply with a care related policy of the home and a treatment plan was not documented within the resident's clinical records.

Sources: Review of the resident's health care records, the home's Conflict of Interest Policy, and interviews with the RN, physician, and the DOC.

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)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure a resident was provided with a needed treatment at the frequency specified in the resident's plan of care. The treatment was provided with a significant gap between instead of the required frequency. Within a few weeks of the treatment being provided, the resident experienced a change in their

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health condition, leading to their transfer to the hospital.

Sources: Review of the resident's physician orders, electronic treatment administration record, and progress notes, and the home's investigation notes, and interviews with a Registered Nurse and the Director of Care.

WRITTEN NOTIFICATION: Duty to respond

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure that when the Family Council advised the licensee of a concern regarding conflict of interest, the licensee provided a written response within 10 days of receiving the advice. The Family Council advised the Associate Director of Care (ADOC) and Director of Care (DOC) of a concern regarding conflict of interest, but the home had not provided a written response within the required 10 days.

Sources: Review of the Family Council Meeting minutes and the home's Family Council Meeting notes, and interviews with the ADOC and DOC.

WRITTEN NOTIFICATION: Agreement with attending physician

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 89 (c) (ii)

Agreement with attending physician

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s. 89. Where a written agreement between a licensee and a physician is required under subsection 88 (4), the agreement must provide for, at a minimum,
(c) the responsibilities or duties of the physician, including,
(ii) provision of medical services, and

The licensee failed to comply with their organized program of medical services.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure there is an organized program of medical services, and this program must be complied with.

Specifically, a physician did not comply with the program of medical services when they did not complete a written referral for a resident to a Registered Nurse (RN) for a specific treatment for resident's condition. Additionally, the physician did not document the verbal plan of care made with the RN for the treatment

Sources: Review of the resident's health care records, the licensee's written agreement with the physician, and interviews with the RN and the physician.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 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.

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The licensee failed to implement the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, as issued by the Director. Specifically, a Personal Support Worker (PSW) did not select and don appropriate Personal Protective Equipment (PPE) while providing direct care to residents on additional precautions, as required by the IPAC Standard.

On a specific date, a PSW was observed entering a resident's room to provide snacks and help with feeding, which had droplet/contact precautions in place. The PSW had not donned eye protection and gloves when entering the resident's room. They then continued with the direct care for the resident, including feeding snacks. The PSW stated they were not sure if they were required to don full PPE as they were only helping the resident with feeding snacks. Failure to adhere to additional precautions for the proper use of PPE, including correct selection, posed a risk of spreading potential healthcare-associated infections.

Sources: Observation of the PSW providing direct care to the resident, review of posted droplet/contact precaution, PPE donning/doffing signage and progress notes of the resident, and interviews with the PSW and IPAC Lead.

WRITTEN NOTIFICATION: Monitored dosage system

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 134 (2)

Monitored dosage system

s. 134 (2) The monitored dosage system must promote the ease and accuracy of the administration of drugs to residents and support monitoring and drug verification activities.

The licensee failed to ensure that the monitored dosage system promoted the accuracy of drug administration and supported drug verification activities to confirm

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that a resident had received their prescribed medications.

A resident was prescribed a medication for their disease condition at the time of admission to the long-term care home. The home's policy on Medication Administration Records (MAR) stated that the MAR was maintained for each resident and contained active medication orders. Although the resident had an active order for the medication, it was missed during the reconciliation process and was not entered into the electronic MAR. The medication reconciliation policy required inter-professional calls to discuss medication discrepancies, clinical concerns, and prescriber orders. A Registered Practical Nurse (RPN) admitted to missing the entry of the medication and its verification against Point Click Care (PCC) orders for the resident during the admission medication reconciliation process.

Sources: Review of Medication Reconciliation and Medication Administration Record (MAR) policies, resident's MAR for February 2025, The Medication Reconciliation Best Practice History, review of progress notes, interviews with the Director of Care and the RPN.

COMPLIANCE ORDER CO #001 Reporting certain matters to Director

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

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

The licensee shall:

A) Report the suspicion of improper treatment by a Registered Nurse (RN) that was reported to the Director of Care (DOC), and the actions taken in the home in response to the allegations to the Director through the Critical Incident System.

B) Provide retraining to the Director of Care (DOC) on immediate reporting requirements of suspicions of improper treatment that include risk of harm to a resident. Keep a written record of the training in the home until this order is complied.

Grounds

The licensee has failed to immediately report to the Director a suspicion of improper treatment of a resident that included risk of harm to the resident and potentially other residents.

The licensee received a verbal complaint alleging improper treatment of a resident and potentially other residents. An onsite inspection was initiated after the Director received multiple complaints of the improper treatment, but the home had not reported the suspicion to the Director. The DOC stated they had not considered forwarding the suspicion of improper treatment to the Director.

Not having immediately reported to the Director a suspicion of improper treatment of the resident, and potentially other residents, increased the risk that the improper treatment was perpetuated within the home between when the home received the suspicion and when the DOC spoke with the staff member.

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Sources: Review of the resident's health care records and electronic documentation, and interviews with the resident's family, the RN, and the DOC.

This order must be complied with by May 23, 2025

COMPLIANCE ORDER CO #002 Dealing with complaints

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 108 (1)

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.
3. The response provided to a person who made a complaint shall include,
 - i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,
 - ii. an explanation of,

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- A. what the licensee has done to resolve the complaint, or
- B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and
- iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

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

The licensee shall:

A) Complete the investigation into the complaint of improper treatment of a resident by a Registered Nurse (RN). Keep a written record of the investigation and any actions taken as a result of the investigation in the home until this order is complied.

B) Communicate the results of the investigation to the resident's family. Document the communication with the resident's family in the resident's electronic health record.

C) Provide a written response to the complainant who lodged the complaint with the home. Ensure the response includes the Ministry's toll-free number for making complaints, the ombudsman contact information, and an explanation of what has been done to resolve the complaint. Keep a record of the written response in the home until this order is complied.

D) Provide retraining to the Director of Care (DOC) on the home's policy and procedures for dealing with complaints. Keep a written record of the training in the home until this order is complied.

E) Review the home's conflict of interest policy with the RN. Keep a written record of the review in the home until this order is complied.

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F) Issue a written memo to the residents, residents' families, and the Family Council outlining the home's conflict of interest policy for moonlighting employees. Keep a record of the memo until this order is complied.

Grounds

The licensee has failed to ensure a complaint concerning the care of multiple residents was immediately investigated. The licensee failed to provide a response within 10 business days to the complainant. Alternatively, the licensee failed to provide an acknowledgement of receipt of the complaint including the date by which the complainant could reasonably expect a response if a response was not possible within 10 business days.

The licensee received a verbal complaint alleging improper treatment of a resident and potentially other residents. There was no communication with the complainant within 10 business days of either a response or of when the complainant could reasonably expect to receive a response. During the onsite inspection, the DOC stated they had still not provided a response to the complainant that included the Ministry's toll-free number for making complaints, the ombudsman contact information, an explanation of what had been done to resolve the complaint, or, if required to do so, whether the complaint was forwarded to the Director under the relevant clause of the Act.

Sources: Review of the resident's health care records, electronic documentation by the RN regarding the resident, the home's Conflict of Interest Policy, and interviews with the resident's family, the RN, and the DOC.

This order must be complied with by May 23, 2025

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COMPLIANCE ORDER CO #003 Administration of drugs

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

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

The licensee shall:

- A) Develop and implement a process to ensure reconciled and new orders have been followed up and entered into the residents' administration records.
- B) Retrain all registered nursing staff on the home's order processing and reconciliation procedure and maintain a record of completed education, including the names of the staff who completed it and the content of the materials covered.
- C) Conduct audits on at least three admission or readmission medication orders received for residents following the service of this report to ensure that those orders are accurately reflected in the residents' medication administration records.
- D) Develop and implement a plan to ensure that the staff recognize and administer the medications supplied by the family for a resident.
- E) Provide retraining to all registered nursing staff involved in administering medication to the resident related to the home's policy for the documentation of

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medication administration. Maintain a record of retraining, including the names of the staff who completed it and the content of the materials covered.

Grounds

1) The licensee failed to ensure that the medication administered to a resident was in accordance with the prescriber's directions for use specified by the prescriber.

A resident was prescribed a medication for their disease condition upon admission to the long-term care home. Two registered staff members checked and signed the medication reconciliation orders, however did not verify and follow up with the pharmacy to ensure the medication was entered into the Point Click Care (PCC) system and received for administration. Consequently, the resident did not receive their medication for specific time period, until the hospital discovered the incident. There was a risk to the resident's health due to the failure to administer the medication in accordance with the prescriber's directions, contributing to their diagnosis.

Sources: Review of Medication Reconciliation Best Practice History, resident's MAR for February and March, Review of the resident's progress notes, interviews with the Director of Care and a Registered Practical Nurse.

2) The licensee failed to ensure that drugs were administered to a resident in accordance with the directions for use specified by the prescriber.

A resident was not administered two medications as per the directions for use by the prescriber. The documented record showed that resident was receiving medications when they were not receiving it. By Missing prescribed medication might have compromised the resident's overall health.

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Sources: Resident's clinical records, Home's investigative notes, and interview with the Director of Care.

This order must be complied with by June 16, 2025

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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, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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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

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

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Director

c/o Appeals Coordinator
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e-mail: 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.