



Ministry of Health and
Long-Term Care

Ministère de la Santé et des
Soins de longue durée

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

Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 31, 2013	2013_183135_0015	L-000308-13	Critical Incident System

Licensee/Titulaire de permis

SPRUCE LODGE HOME FOR THE AGED
643 West Gore Street, STRATFORD, ON, N5A-1L4

Long-Term Care Home/Foyer de soins de longue durée

SPRUCE LODGE HOME FOR THE AGED
643 WEST GORE STREET, STRATFORD, ON, N5A-1L4

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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): May 24, 2013.

During the course of the inspection, the inspector(s) spoke with Administrator, Acting Director of Resident Services, Registered Nurse, Registered Practical Nurse, 3 Personal Support Workers and Resident.

During the course of the inspection, the inspector(s) reviewed critical incident, related internal investigation, resident clinical records, policies and procedures for falls and related staff training. Observations of residents were conducted in a resident home area.

The following Inspection Protocols were used during this inspection:
Critical Incident Response
Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :



1. The home's Falls Prevention and Management policy, RCM II-2 December, 2010, states that residents are to have a care conference when they have had greater than 3 falls in 3 months. The interdisciplinary conference is held to determine the possible cause of falls and develop changes to prevent re-occurrence based on a quality improvement methodology.

The policy also states Registered staff initiates a Head Injury Routine (HIR) for all resident falls that result in a head injury.

The Falls Prevention and Management policy RCM II-2 December 2010, was not complied with for resident with a number of falls in 2013. Record review revealed the following:

- Registered Nursing staff failed to arrange a care conference for resident who had greater than 3 falls in 3 months. As of May 24, 2013, no care conference for falls has been held to determine the possible cause of resident's falls and develop changes to prevent re-occurrence based on a quality improvement methodology.
- Registered Nursing staff failed to initiate a Head Injury Routine (HIR).

Acting Director of Resident Services confirmed her expectation that the Falls Prevention and Management policy is complied with related to post-falls care conferences and Head Injury Routines (HIR) after residents have fallen and hit their head. [s. 8. (1)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring the Falls Prevention and Management policy is complied with related to post falls care conferences and initiation of the Head Injury Routine(HIR) after residents fall and hit their heads, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements



Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
 - 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
 - 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
 - 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**
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Findings/Faits saillants :

1. A review of the home's Quality Improvement program revealed the home was unable to demonstrate they had an interdisciplinary Falls Prevention and Management program in place to reduce the incidence of falls and the risk of injury.

Acting Director of Resident Services confirmed the home does not have a comprehensive Falls Prevention program developed and implemented to reduce the incidence of falls and the risk of injury to residents. She revealed they are now working on the structure and implementation of the Falls Prevention program. [s. 30. (1) 1.]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring home has an interdisciplinary Falls Prevention and Management program in place to reduce the incidence of falls and the risk of injury to residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. A review of clinical records for resident revealed Post Falls assessments were completed 25% of the time for this resident, using a clinically appropriate assessment instrument specifically designed for falls.

Acting Director of Resident Services, confirmed her expectation that a post falls assessment using a clinically appropriate post falls assessment instrument is completed after a resident falls. [s. 49. (2)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that a post falls assessment is completed using a clinically appropriate post falls assessment instrument after a residents falls, to be implemented voluntarily.



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Issued on this 31st day of May, 2013

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

Bonnie Mac Donald