

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: March 6, 2025

Inspection Number: 2025-1430-0002

Inspection Type:

Proactive Compliance Inspection

Licensee: Kindera Living (Sprucedale) LTC LP by its general partners, Kindera Living (Sprucedale) LTC GP Inc. and Kindera Living (Sprucedale) Inc.

Long Term Care Home and City: Sprucedale Care Centre, Strathroy

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 25, 26, 27, 2025 and March 3, 4, 5, 2025

The inspection occurred offsite on the following date(s): February 28, 2025 and March 4, 6, 2025

The following intake(s) were inspected:

- Intake: #00140542 - Proactive Compliance Inspection - 2025

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Residents' and Family Councils
Medication Management
Food, Nutrition and Hydration
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement

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Staffing, Training and Care Standards
Residents' Rights and Choices
Pain 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)

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

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,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that a resident's written plan of care was updated when the resident's needs changed. The Plan of Care was updated upon review with the home. There was no risk to the resident as the documentation did not impact the care provided.

Sources: Review of resident care plan and assessments; Interview with the dietary manager.

Date Remedy Implemented: February 26, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. iii.

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Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,

iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the dates that the results of the Resident and Family/Caregiver Experience survey were communicated to residents and their families, Residents' Council, Family Council, and members of the staff of the home were included in the Continuous Quality Improvement report. Upon review with the home the report was updated to include the dates the survey results were communicated.

Sources: The home's 2024-2025 Continuous Quality Improvement Report and an interview with Executive Director.

Date Remedy Implemented: March 4, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 271 (1) (e)

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,

(e) the current report required under subsection 168 (1);

The licensee has failed to ensure that a copy of the home's most recent Continuous Quality Improvement initiative report was published on the home's website. After discussion with the home, it was determined that there had been confusion about which report to post and the correct report was posted on the website.

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Sources: Review of the home's website and an interview with the Continuous Quality Improvement Lead.

Date Remedy Implemented: March 4, 2025

WRITTEN NOTIFICATION: Advice

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

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee has failed to ensure that advice was sought from the Resident and Family Councils in carrying out the Resident and Family/Caregiver Experience Survey. The Director of Activation told an Inspector that the survey was provided by their corporation and not reviewed or modified by the Residents' Council prior to carrying out the survey.

Sources: Residents' Council and Family Council Meeting Minutes and an interview with Director of Activation.

WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in

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writing.

The licensee has failed to respond to concerns of the Residents' Council within 10 days, in writing. A concern was made during a resident's council meeting and no written response was provided to the resident's council until the next meeting, which was more than 10 days later.

Sources: Resident Council Meeting Minutes, Resident Suggestion & Response Form, and Interviews with Director of Activation and other staff.

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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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