

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: May 17, 2024	
Inspection Number: 2024-1565-0003	
Inspection Type: Proactive Compliance Inspection	
Licensee: The Corporation of the County of Lanark	
Long Term Care Home and City: Lanark Lodge, Perth	
Lead Inspector Darlene Murphy (103)	Inspector Digital Signature
Additional Inspector(s) Polly Gray-Pattemore (740790)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): May 1, 2, 3, 6, 7, 9, 10, 2024.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00114628 -Proactive Compliance Inspection

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents' and Family Councils
- Food, Nutrition and Hydration

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Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and 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. 85 (3) (c)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

The licensee failed to ensure the home's policy to promote zero tolerance of abuse was posted as required by legislation.

Rationale and Summary:

During the initial tour of the home, the inspector was unable to locate the posting of

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the home's abuse policy. The Acting Director of Care (DOC) confirmed the policy was not currently posted and showed this inspector where the posting would be found. The following day, the Acting DOC reposted the home's policy to promote zero tolerance of abuse.

Failing to post required information potentially compromises communication regarding the policy.

Sources: Observations made during the initial tour, interview with Acting DOC. [103]

Date Remedy Implemented: May 3, 2024

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

Non-compliance with: O. Reg. 246/22, s. 168 (1)

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee failed to ensure the report on the continuous quality improvement (CQI) initiative was posted on the home's website.

Rationale and Summary:

The Acting DOC was interviewed regarding the completion of the Resident Satisfaction survey and the home's CQI report and a copy of each was provided. During a review of the home's website, the inspector was unable to find the CQI

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report posted. The Acting DOC confirmed the same and indicated the report would be posted the following day.

Failing to post required information potentially compromises communication regarding the home's quality improvement initiatives.

Sources:

Interview with Acting DOC, Lanark Lodge website.
[103]

Date Remedy Implemented: May 9, 2024