



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 22, 2014	2014_288549_0044	O-001059-14	Resident Quality Inspection

Licensee/Titulaire de permis

The Corporations of the United Counties of Leeds and Grenville, the City of Brockville,
the Town of Gananoque and the Town of Prescott
c/o St. Lawrence Lodge 1803 County Road 2 BROCKVILLE ON K6V 5T1

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

ST. LAWRENCE LODGE
1803 County Road, #2 East Postal Bag #1130 BROCKVILLE ON K6V 5T1

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

RENA BOWEN (549), MEGAN MACPHAIL (551), PAUL MILLER (143), SUSAN WENDT
(546)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): December 15, 16, 17,18 , 19, 2014

Log # O-000922-14 was concurrently inspected during this Resident Quality Inspection

During the course of the inspection, the inspector(s) spoke with several residents, several family members, several Personal Support Workers (PSWs), several Registered Practical Nurses(RPNs), several Registered Nurses (RNs), an Activity Aide, the Manager of Environmental Services, the President of the Resident's Council, a representative of the Family Council, the Assistant Director of Care (ADOC) for the first floor, the Assistant Director of Care(ADOC) for the second floor , the Assistant Director of Care(ADOC) for the third floor, the Director of Care and the Administrator.

During the course of the inspection, the inspector(s) completed a walk through tour of all resident areas, reviewed several resident health care records, ambulatory equipment cleaning schedule, Resident Council meeting minutes, Family Council meeting minutes, relevant home policies, observed Infection Prevention and Control practices, resident dining, resident medication administration and resident care being provided.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Continence Care and Bowel Management
Critical Incident Response
Dignity, Choice and Privacy
Dining Observation
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care**

During the course of this inspection, Non-Compliances were issued.

4 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services
Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**



Findings/Faits saillants :

1. The licensee has failed to ensure that the equipment is kept clean and sanitary.

On December 16, 2014 it was noted by Inspector #551 that Resident #6 had dried debris on the lap belt attached to his/her wheelchair and dried debris on the wheelchair frame. On the same day it was noted by Inspector #551 that Resident #13 had dried debris on the lap belt attached to his/her wheelchair and dried debris on the wheelchair frame.

On December 17th and 18th, 2014 Inspector #549 observed that Resident #6's wheelchair and lap belt had dried debris on it. Resident #13's lap belt, wheelchair frame and seat cushion had several areas with dried on debris and several areas with a white coloured stain on the front and sides of the seat cushion.

On December 17, 2014 PSW S105 stated to Inspector #549 that the night PSW's are responsible to clean the resident's wheelchairs including the lap belt and seat cushions. PSW S105 stated there is a cleaning list with the resident's room number, the type of equipment to be cleaned, the date the equipment is to be cleaned and the staff's signature indicating the equipment is cleaned.

The ADOC S104 confirmed with Inspector #549 that the night PSW's are assigned to clean the resident's wheelchairs and walkers. The cleaning is to be done as scheduled on the cleaning list. Inspector #549 reviewed the cleaning list with the ADOC S104 on December 17, 2014.

RPN S100 provided Inspector #549 with the cleaning list for the resident's wheelchairs including the lap belt and cushions. The cleaning list is dated December 5, 2014, titled Wheelchair/Lumex List- Second Floor –Staff Assignment.

Resident #6 was scheduled to have his/her wheelchair including the lap belt and cushion cleaned on December 10, 2014 and there is no signature confirming the cleaning. Resident #13 was scheduled to have his/her wheelchair including the lap belt and cushion cleaned on December 11, 2014 there is no signature confirming the cleaning.

On December 17, 2014 during a discussion with the ADOC S104 it was confirmed with Inspector #549 that the expectation is that the PSW sign the cleaning list to confirm that the wheelchair including the lap belt and cushion has been cleaned. The ADOC S104 stated to Inspector #549 that "if there is no staff signature on the cleaning list then the



equipment was not cleaned”.

On December 18, 2014 during a discussion with the Director of Care it was confirmed with Inspector #549 that the expectation is that the PSW sign that the cleaning of the wheelchairs includes the lap belt and cushion on the cleaning list indicating the cleaning was completed.

The Director of Care confirmed with Inspector #549 that if there is no staff signature on the cleaning list it is an indication that the cleaning of the wheelchair including the lap belt and cushion was not completed for that specific resident. [s. 15. (2) (a)]

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 to ensure that the home's equipment is kept clean and sanitary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance



Specifically failed to comply with the following:

- s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
- (a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).**
 - (b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).**
 - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).**
 - (d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).**
 - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).**
 - (f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).**
 - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).**
 - (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

Findings/Faits saillants :



1. The Licensee has failed to ensure that the homes' Abuse and Neglect Zero Tolerance policy contains and explanation of the duty under section 24 of the Act to make mandatory reports (section 20.(2) (d))

On December 15th, 2014 Inspector #143 reviewed St. Lawrence's Lodge Abuse and Neglect of Residents Administration Manual Policy Number 0202-02-05 review date of January 2014. This review indicated that the Abuse and Neglect of Residents policy did not contain an explanation of the duty under Section 24 of the Act to make mandatory reports immediately to the Director as appointed under the Long Term Care Homes Act.

The Licensee has failed to comply with section 20 (2) (h) by not ensuring that the Abuse policy deal with any additional matters as may be provided in the regulations.

Ontario Regulation 79/10 section 98 states every licensee of a long term care home shall ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. A review of St. Lawrence Lodge's Abuse and Neglect of Residents policy did not identify that police would be notified of an incident of abuse that may constitute a criminal offence. [s. 20. (2)]



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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 to ensure that a revision of the homes Abuse and Neglect Zero Tolerance policy and procedure is completed that includes within the policy an explanation of the duty to make under section 24 of the Long Term Care Homes Act mandatory reports. The policy revision must ensure that a person, inclusive of a staff member has a duty to report to the Director irrespective of the Licensee's duty, that staff members must report any incident or suspected incident of resident abuse or neglect to the Director, that a person including a staff member must report suspicion of abuse or neglect of a resident that resulted in harm or risk of harm including the information upon which the suspicion is based where the person has reasonable grounds for the suspicion and that the duty to report to the Director is immediate. that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. This plan should include an educational component that ensures that all staff receive training in respect of the revised Abuse and Neglect policy, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 96. Policy to promote zero tolerance

Every licensee of a long-term care home shall ensure that the licensee's written policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents,

- (a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected;**
- (b) contains procedures and interventions to deal with persons who have abused or neglected or allegedly abused or neglected residents, as appropriate;**
- (c) identifies measures and strategies to prevent abuse and neglect;**
- (d) identifies the manner in which allegations of abuse and neglect will be investigated, including who will undertake the investigation and who will be informed of the investigation; and**
- (e) identifies the training and retraining requirements for all staff, including,**
 - (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and**
 - (ii) situations that may lead to abuse and neglect and how to avoid such situations. O. Reg. 79/10, s. 96.**

Findings/Faits saillants :

1. The Licensee has failed to ensure that the written policy under section 20 of the Act to promote zero tolerance of abuse and neglect contains interventions to support residents who have been abused, contains procedures and interventions to deal with persons who have abused or neglected residents, identifies measures and strategies to prevent abuse and neglect, identifies the manner in which allegations of abuse will be investigated and identifies the training on power imbalances and situations that may lead to abuse and how to avoid such situations.

On December 15th, 2014 Inspector #143 met with the Administrator and reviewed the homes Abuse and Neglect of Residents policy number 0202-02-05. The Administrator confirmed with the Inspector that the Abuse Policy did not contain all the legislative requirements as per Ontario Regulation 79/10. [s. 96.]



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 to ensure a revision of the homes zero tolerance of abuse and neglect policy contains interventions to support residents who have been abused, contains procedures and interventions to deal with persons who have abused or neglected residents, identifies measures and strategies to prevent abuse and neglect, identifies the manner in which allegations of abuse will be investigated and identifies the training on power imbalances and situations that may lead to abuse and how to avoid such situations, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that residents with pressure ulcers are assessed weekly by a member of the registered nursing staff.

On December 17th, 2014 RN S117 documented that Resident #8 had a stage X pressure ulcer and a stage 2 pressure ulcer. A review of the Resident #8's health care record indicated that the last documented assessment of Resident #8 was completed approximately three weeks ago. Inspector #143 met with the ADOC S109 on December 18th and reviewed Resident's #8 health care record. RN S117 confirmed with the inspector that no weekly assessment had been completed for the period from November 25th to December 17th, 2014. RN S117 reported to the inspector that is the homes policy that residents with pressure ulcers be assessed twice per week and that these assessments are documented in the resident health care record. [s. 50. (2) (b) (iv)]

Issued on this 22nd day of December, 2014

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

Original report signed by the inspector.