Ontario

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

Inspection Report under the
Fixing Long-Term Care Act, 2021

Ottawa Service Area Office
347 Preston Street, Suite 420
Ottawa ON K1S 3J4
Telephone: 1-877-779-5559
OttawaSAO.moh@ontario.ca

Original Public Report

Report Issue Date August 19, 2022
Inspection Number 2022_1584_0001
Inspection Type
☒ Critical Incident System ☒ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
The Corporations of the United Counties of Leeds and Grenville, the City of Brockville, the Town of Gananoque and the Town of Prescott
Long-Term Care Home and City
St. Lawrence Lodge, Brockville, Ontario

Lead Inspector
Wendy Brown (602)

Additional Inspector(s)
Ashley Bernard-Demers (740787)
Polly Gray-Pattemore (740790)

Inspector Digital Signature
Wendy K Brown
Digitally signed by Wendy K Brown
Date: 2022.08.19 10:00:03 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): August 3-5 and 9-12, 2022

The following intake(s) were inspected:
Log # 012031-22 - Complaint regarding unexplained wound and assessment.
Log # 011008-22, 010926-22 & 010926-22 - Complaint regarding resident care and services
Log # 013663-22 / CI: M576-000036-22 - regarding missing controlled substances
Log # 005004-22 / CI: M576-000008-22 - regarding medication administration
Log # 010579-22 / CI: M576-000022-22, Log # 009924-22/ CI: M576-000021-22, Log # 009496-22/ CI: M576-000019-22, Log # 008236-22/ CI: M576-000017-22, Log # 007747-22/ CI: M576-000016-22, Log # 005058-22 / CI: M576-000009-22 & Log # 014990-22/ CI: M576-000040-22 – regarding falls with injury and transfers to hospital.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Medication Management
- Prevention of Abuse and Neglect
- Resident Care and Support Services

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INSPECTION RESULTS

WRITTEN NOTIFICATION – FALLS PREVENTION AND MANAGEMENT PROGRAM

NC#01 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 54 (1) The Licensee failed to comply with their written policies related to falls prevention and management.

In accordance with O. Reg 246/22 s. 11 (b), the licensee is required to ensure that their falls prevention and management policy and procedure is complied with.

Specifically, staff did not comply with their post fall monitoring head injury routine procedure: to monitor for indications of impending problems following a head injury and/or an unwitnessed fall in order to ensure prompt and appropriate intervention. Documentation shall include monitoring tool completion.

Rationale and summary:
The licensee failed to complete the Head Injury Monitoring tool for a resident's fall. A Registered Nurse (RN) and an Assistant Director of Care confirmed that the Head Injury Monitoring tool was not completed. As a result, there was a risk that post fall complications would not have been addressed in the absence of monitoring tool information.

Sources: Resident progress notes, electronic & hard copy chart review, Policy & Procedure for Head Injury Routine; interviews with an RN and an ADOC and other staff. (740787)