Ontario

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

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: November 12, 2024.
Inspection Number: 2024-1584-0004
Inspection Type: Complaint Critical Incident
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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 22 - 25, 28, 30, 31, 2024, and November 1, 4 – 8, 2024.

The following complaint intakes were inspected:

- Intake #00129692 was related to resident care and services.
- Intake: #00129001 and #00128948/CIS #M576-000059-24 – were related to an injury of unknown cause.

The following Critical Incident intakes were inspected:

- Intakes: #00128476/CIS #M576-000057-24, and #00130218/CIS #M576-000064-24 - were related to medication errors.
- Intakes: #00122183/CIS #M576-000036-24, #00126814/CIS #M576-000051-24, and #00128638/CIS #M576-000058-24, were related to alleged resident to resident physical abuse.
- Intakes: #00127012/CIS #M576-000052-24, #00127051/CISM576-000053-24, #00127923/CIS #M576-000054-24, and #00129071/CIS #M576-000060-24 – were related to alleged staff to resident abuse.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that wound care was provided to a resident as set out in their plan of care. The resident's plan of care indicated that they had a wound requiring specific wound care which was not provided on two occasions within a specified period of time. The resident's plan of care also indicated that they required specific wound care on a second wound which was not provided on four occasions within the same timeframe.

Sources: Resident's Treatment Administration Record (TAR), progress notes and interviews with two registered practical nurses (RPNs).

WRITTEN NOTIFICATION: When reassessment, revision is required

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (c)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(c) care set out in the plan has not been effective.

The licensee has failed to ensure that a resident was reassessed, and the plan of care was revised, when the resident's plan of care related to a responsive behaviour was not updated within the past year.

Observation of resident care and services and review of the task documentation on point click care, indicated that the resident displayed the responsive behaviour on two specified dates.

Sources: Observation of the resident's care and services, review of the resident's care plan, progress notes, task documentation, Behavioural Support Ontario (BSO) / Mobile Response Team (MRT) and Geriatric Psychology Outreach notes, and interview of the resident, Assistant Director of Care (ADOC), Registered Nurse (RN) and other staff.

WRITTEN NOTIFICATION: Duty to protect

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that residents cared for by an identified staff member were protected from potential abuse.

A member of the staff observed an incident of suspected abuse to a resident by an identified staff member. The member of the staff failed to immediately report the incident and thus, the residents were not safeguarded as the identified staff member continued to work on multiple dates.

Sources: Review of the Critical Incident System report (CIS), Schedule Report, and interview with the ADOC and other staff.

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 1.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that an allegation of improper treatment and care of a resident was immediately reported to the Director. On a specified date, nursing staff failed to immediately report a complaint of improper care that resulted in an injury to the resident.

Sources: Review of the CIS report, resident health care records, homes policy, Critical Incident Reporting, Resident Care, 0202-12-02, (revision date, August, 2024) and interviews with staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that two RNs, immediately reported the suspicion of abuse of two residents and the information upon which it was based to the Director.

A RPN reported an incident of suspected abuse of a resident by an identified staff member to the RN. The following date, the RPN became aware of second incident of suspected abuse to a resident by the same identified staff member on the previous day. The RPN reported the suspected abuse to the RN who worked that date. In each case, the RNs did not immediately report the suspicion of resident

abuse to the Director.

Sources: Review of CIS reports, and interviews with RPNs and other staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 55 (2) (b) (iv)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a resident's two wounds were reassessed at least weekly by a member of the registered nursing staff.

Specifically, a resident's wound received four weekly wound assessments in a specified period of time. There were no weekly wound assessments completed for a second wound during the same timeframe.

Sources: Review of the resident's TAR, progress notes and interviews with RPNs, and the Clinical Resource Nurse / Wound Lead.

WRITTEN NOTIFICATION: Administration of drugs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 140 (1)

Administration of drugs
s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246 / 22, s. 140 (1).

The licensee has failed to ensure that no drug was administered to a resident in the home unless the drug has been prescribed for the resident. Specifically, on a specified date, a resident was given a medication that was not prescribed for them.

Sources: Review of the resident's progress notes, medication administration record, CIS report, and interviews with the DOC and the RN.

COMPLIANCE ORDER CO #001 Medication management system

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246 / 22, s. 123 (2)
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
1. Complete audits, for all resident readmission medication orders, for completeness and accuracy, according to the home's medication management system policy, specifically the medication reconciliation procedure. Corrective action will be taken if deviation from the reconciliation procedure is identified.

2. Provide re-education to two registered staff members involved, in respect to the medication management system policy, specifically the medication reconciliation procedure.
3. A written record must be kept of everything required under this compliance order, until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds
The licensee has failed to comply with their medication management system policies and procedures in that the medication reconciliation re-admission procedure was not followed.

In accordance to O. Reg. 246 / 22 s. 11 (1)(b), the licensee is required to ensure their written policies and procedures ensure their accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The home's policy, 'Policy & Procedures: Manual for Medisystem Serviced Homes, 2024, Return from Hospital, s.13.11, specifically indicates the following;

When the resident returns from hospital, the home's registered staff will review the medications indicated on the discharge summary from the hospital and compare that list to the list of medications the resident was taking prior to transfer.
The registered staff will check off the status of each medication. Continue, Discontinue, or Hold upon verification with the prescriber.
A second nurse is required to review and verify the processed order for accuracy and correctness.

Specifically, registered staff members did not comply with this policy when on a

specified date in September 2024, An identified registered staff member did not review a resident's medications listed on the hospital discharge medications summary, which indicated to discontinue a specific medication, and compare it to the list of medications the resident was taking prior to transfer. As a result, the specific medication was checked off as "continue", when reviewed with the prescriber.

On the specified date in September 2024, the identified registered staff member did not follow policy, when they performed a second check on the resident's re-admission medication orders but did not verify the processed order for accuracy and correctness. As a result, the resident continued to receive the specific medication, which should have been discontinued according to the hospital discharge medication instructions.

The resident was transferred to hospital for a second time on a specified date in September 2024, and returned. The hospital discharge medication instruction summary did not include the specific medication. The re-admission orders for the resident were completed by an identified registered staff member and checked off to continue the specific medication. The identified registered staff member did not comply with the home's policy when on review of the resident's health care record, shows no evidence that a second nurse completed a second check to verify the medication orders for accuracy and correctness. As a result, the resident continued to receive the specific medication and was transferred to hospital.

Sources: Observations of the resident, a review of the resident's health care records, CIS report #M576-000057-24, medication incident report, (MIR), Policies & Procedures: Manual for MediSystem Serviced Homes, 2024, procedure 13.11, and interviews with staff members.

This order must be complied with by: January 29, 2025.

COMPLIANCE ORDER CO #002 Policy to promote zero tolerance

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

1. Ensure all allegations of resident abuse and neglect are reported to the Director in accordance with the licensee's Reporting of Abuse or Neglect Policy.
2. Conduct audits of each allegation of resident abuse and neglect to ensure compliance with the licensee's Reporting of Abuse or Neglect Policy.
3. Corrective action will be taken if deviation of reporting is identified according to the licensee's Reporting of Abuse or Neglect Policy.
4. A written record must be kept of everything required under this compliance order, until the Ministry of Long-term Care has deemed that the licensee has complied with this order.

Grounds

The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.

Specifically, policy: #0202-02-05 - Abuse and Neglect of Residents, revised: February 2024, which states that all employees are legally obligated to immediately report any incident or suspected incident of abuse or neglect of residents to the supervisory staff, and or department manager / delegate.

Two staff members failed to follow the licensee's policy: #0202-02-05, requiring immediate reporting of suspected abuse of a resident by a staff member, and the staff member continued to work on multiple dates.

Sources: Review of the CIS report, Policy #0202-02-05, and interview of the ADOC.
This order must be complied with by: December 30, 2024.

REVIEW / APPEAL INFORMATION

TAKE NOTICEThe Licensee has the right to request a review by the Director of this (these) Order(s) and / or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c / o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and / or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.