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

# Public Report

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| Report Issue Date: January 8, 2025 |
| Inspection Number: 2024-1584-0005 |
| Inspection Type:<br>Complaint<br>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): December 10-13, December 16-20, 2024, December 24,30-31, 2024, and January 2, 3, 6 and 8 2025.
The inspection occurred offsite on the following date(s): December 18, 24, 27, 2024.

The following intakes were completed in this complaint inspection:
Intake #00130309 related to staffing, wound care, medication management, and resident care.
Intake: #00131923 related to transferring.
Intake: #00132698 related to resident care.
Intake: #00133411 related to neglect of wound care.
Intake: #00133747 related to care neglect.
Intake: #00134319 related to pest control, resident care, hydration, and bowel management.

The following intakes were completed in this Critical Incident (CI) inspection:
Intake #00131382/CI# M576-000072-24 related to an allegation of resident-to-

resident physical abuse.
Intake #00132472/CI#M576-000078-24 related to an allegation of verbal abuse by a staff towards a resident.
Intake #00134054/CI#M576-000091-24 related to a resident choking incident resulting in a transfer to hospital.
Intake #00132586/CI# M576-000080-24 related to an allegation of resident neglect by staff.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Skin and Wound Prevention and Management
Continence Care
Medication Management
Food, Nutrition and Hydration
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Staffing, Training and Care Standards
Restraints/Personal Assistance Services Devices (PASD) Management

# INSPECTION RESULTS

## WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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

1. The licensee has failed to ensure that a resident's written plan of care set out clear direction to staff. The resident's care plan did not provide direction related to use of a specified device and the requirements when the specified device is applied.

Sources: Interviews with a Personal Support Worker (PSW), Registered Practical Nurse (RPN) and review of the resident's Point Click Care (PCC) care plan, Electronic Medical Administration Record (EMAR).

2. The licensee has failed to ensure that a resident's written plan of care set out clear direction to staff. The resident's PCC care plan did not include specified care directions for the resident while in bed.

Sources: Interview with an ADOC, the resident's care plan, and Point of Care (POC) Documentation.

3. The licensee has failed to ensure that written clear directions was provided to staff regarding a resident's transfer status.

Sources: Inspector observation, review of the resident's care plan, Kardex and

interviews with an RPN and PSW staff.

## WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

1. The licensee has failed to ensure that staff completed the Point of Care (POC) documentation for a resident's specific tasks on multiple dates in October and November 2024.

Sources: Review of resident's POC documentation and interviews with PSW staff and an ADOC.

2. The licensee failed to ensure that the provision of personal hygiene care as set out in the plan of care was documented on multiple occasions, during the months of August - December 2024.

Sources: ADOC's response to written complaint letter, Point of Care task reports, and an interview with an ADOC.

3. The licensee has failed to ensure that the provision of personal care / oral care as set out in the plan of care for a resident was documented on multiple occasions during September and December 2024.

Sources: Resident's (POC) Documentation Survey, care plan, and an interview with a PSW.

4. The licensee has failed to ensure that documentation of a resident's bathing as set out in their plan of care was completed on multiple dates in November 2024.

Sources: Resident's documentation survey v2, progress notes, and interviews with PSW staff and an RN.

## WRITTEN NOTIFICATION: Required programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 53 (1) 2.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The licensee has failed to comply with the home's Skin and Wound Program policy upon identifying the alteration to skin integrity for a resident on specified date in October 2024.

In accordance with O. Reg 246 / 22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the skin and wound care program are complied with.

The home's Skin and Wound Program policy indicated that upon identification of an alteration to skin integrity, treatment is to be initiated as per the Standard Operating Procedure (SOP), a registered dietitian referral is to be completed, and a treatment administration record (TAR) is to be initiated, which did not occur for the resident.

Sources: A review of the home's Skin and Wound Program policy, Section: 0401-03-34, Revision Date: April 2023; and an interview with an ADOC.

## WRITTEN NOTIFICATION: Skin and Wound care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 55 (2) (b) (i)
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,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a resident who exhibited altered skin integrity, received a skin assessment by an authorized person using a clinically appropriate assessment instrument, that is specifically designed for skin and wound assessment, during a specified time in December 2024.

Sources: Interview with an ADOC, a review of the resident's Electronic Treatment Administration Record (ETAR), and progress notes.

## WRITTEN NOTIFICATION: Skin and wound care

NC #005 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 altered skin integrity was reassessed at least weekly by a member of the registered nursing staff. There were no weekly wound assessments completed during a specified time in October and November 2024.

Sources: Review of resident's PCC assessments, treatment administration record, and progress notes; and an interview with the Clinical Nurse Specialist.

## WRITTEN NOTIFICATION: Housekeeping

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 93 (2) (b) (ii)
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

The licensee has failed to ensure that procedures that have been developed are implemented for the cleaning and disinfecting of a resident's specified device.

The licensee's policy #0401-03-57 Assistive Devices (revised September 2024) indicated "the night shift personal support workers (PSW) routinely clean assistive devices based on room assignment, and all shifts are responsible for cleaning devices as needed. Completion of cleaning is to be documented in Point of Care (POC)".

A review of the POC documentation identified missing entries supporting the completion of cleaning a resident's specified device during December 2024.

Sources: Inspector observations, POC documentation, the home's Assistive Devices policy # 0401-03-57 - revised September 2024, interviews with an ADOC, and a PSW.

## WRITTEN NOTIFICATION: Requirements relating to restraining by a physical device

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 119 (2) 6.
Requirements relating to restraining by a physical device
s. 119 (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 35 of the Act:
6. That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances.

The licensee has failed to ensure that a resident's condition was reassessed and the effectiveness of the restraining through the use of a specified device was evaluated by a member of the registered nursing staff at least every eight hours, and at any

other time, when necessary, based on the resident's condition or circumstances.

A review of the resident's progress notes, and electronic medical record (EMAR) during a specified time in November and December 2024, identified no documentation indicating the registered staff at least every 8 hours completed a reassessment, and an evaluation of the effect of a specified device on a resident when the device was applied.

Sources: Review of resident's EMAR, the home's Policy Restraints and PASD Policy #0401-05-09-reviewed July 2024, and an interview with an RPN.

## COMPLIANCE ORDER CO #001 General requirements

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246 / 22, s. 34 (2)
General requirements
s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
1. Revise the licensee's policy #0401-02-18- Bowel Regime to include documenting of resident's bowel management within the Point of Care (POC) electronic application.

2. Revise the licensee's Procedure #0401-03-75 – Hydration (reviewed September 2017) to include documenting the resident food and fluid intake within Point of Care

(POC) electronic application.

3. Provide training to all personal support workers (PSWs) on the revisions made to policy #0401-02-18- Bowel Regime (revised, May 2023) and procedure # 0401-03-76- Hydration (reviewed September 2017).

4. Maintain documentation of the training, including the names of the staff, their designation, and date training was provided.

5. Conduct weekly audits of the POC documentation for a specified resident related to bowel management and food and fluid intake.

6. Maintain documentation of the audits, including when the audit was completed, who completed the audit, the findings and any corrective actions taken.

7. Written records to be maintained 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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented for a resident related to food and fluid intake.

1. During a review of resident's care plan, it was identified they were at nutritional-risk and required a minimum specified amount of fluid per day. During a review of the Point of Care (POC) Documentation Survey for the resident it was identified that interventions and responses to interventions related eating, nutrition and fluid intake were not documented on multiple occasions during September and December 2024.

Sources: Resident's dietary progress note, documentation survey, care plan, and an interview with a PSW.

2. The licensee has to failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented specific to a resident's bowel management.

A resident was admitted to hospital during a specified time in November 2024 with specified diagnoses. During a review of the Point of Care (POC) Documentation Survey it was identified that interventions and responses to interventions for a resident related bowel management were not documented on multiple occasions during November 2024.

Sources: POC Documentation Survey, an interview with the quality improvement lead, a PSW and an RPN, Hospital Discharge Report.

This order must be complied with by February 26, 2025

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

## 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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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.