

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

Report Issue Date: April 3, 2025

Inspection Number: 2025-1584-0002

Inspection Type:

Complaint
Critical Incident
Follow up

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 dates: March 17 to 21, 2025, March 24 to 28, 2025 and March 30-31, 2025, April 1, 2025.

The following intake was completed in this follow up inspection:

Intake: #00136633 -Follow-up # 1 to Compliance Order issued to O. Reg. 246/22 - s. 34 (2) General requirements with a compliance due date of February 26, 2025

The following intakes were completed in this Critical Incident (CI) inspection:

Intake #00139384/CI#M576-000028-25 related to an allegation of abuse by a staff member towards a resident.

Intake #00141853/CI#M576-000043-00142451, Intake #00142451/CI#M576-000046-25, and Intake #00141835/ CI #M576-000042-25 related to allegations of resident to resident abuse.

Intake 00141005/CI#M576-000036-25 related to a resident sustained a fall which resulted in a significant change in status.

Intake #00136108/CI#M576-000004-25 related to a declared infection outbreak

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The following intakes were completed in this complaint inspection:
Intake #00140731 and #00142644 related to allegations of neglect and treatment of specific residents

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1584-0005 related to O. Reg. 246/22, s. 34 (2)

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

- Contenance Care
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- 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.

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NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 11 (1) (a)

Policies, etc., to be followed, and records

s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,

(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and

The licensee has failed to ensure that their home's falls prevention and management policy, specifically related to a post-fall assessment, was reflective of current legislation.

In accordance with O. Reg 246/22 s. 11 (1) a, the licensee is required to ensure that written policies and protocols were developed for the falls prevention and management program and ensure they were in compliance with and is implemented in accordance with all applicable requirements under the Act.

Specifically, the policy stated that every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, which was not reflective of current legislation.

Sources: St. Lawrence Lodge Falls Prevention and Management Policy, policy #0401-03-78; and interview with a specific staff.

March 24, 2024 at 15:18 hours, the licensee's Fall Prevention and Management policy, policy #0401-03-78, was revised to reflect current legislation.

Date Remedy Implemented: March 24, 2025

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WRITTEN NOTIFICATION: Documentation

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.

This licensee has failed to ensure that the provisions of care set out in the plan of care were documented, specifically the monitoring of a specific resident.

A review of the Dementia Observation System (DOS) form and the Point of Care (POC) documentation for the resident identified missing entries related to the monitoring of the resident on specific dates.

Sources: POC documentation, Dementia Observation System (DOS) during specific dates, interviews with three specific staff.

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

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The licensee has failed to ensure that when a specific resident had fallen on two specific dates, that a post-fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Sources: resident's clinical records; the licensee's Risk Management documentation; the licensee's Falls Prevention and Management Policy, #0401-03-08; BGH documentation; emails by two specific staff and interviews with four specific staff.

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 specific resident, who exhibited altered skin integrity when they sustained a specific injury during a fall received 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.

Sources: resident's record review; Brockville General Hospital Documentation; email from two specific staff members; the licensee's Skin and Wound Care Program policy, #0401-03-34; and interview with a specific staff.

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WRITTEN NOTIFICATION: Dealing with complaints.

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. ii. B.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,
 - ii. an explanation of,
 - B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and

The licensee has failed to ensure that the response provided to a specific person who made a complaint included that the licensee believes the complaint to be unfounded, together with the reasons for the belief.

Sources: licensee's Investigation file; and interview with a specific staff member.

WRITTEN NOTIFICATION: Administration of drugs.

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

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The licensee has failed to ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber, on two specific dates for a specific resident.

Sources: resident's record review, hospital progress notes; Pharmacy's packing slip, the licensee's Admission Policy, #0401-03-06; and interview with two specific staff.

COMPLIANCE ORDER CO #001 Medication incidents and adverse drug reactions

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 147 (1) (a)

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and

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

The licensee shall:

1) Document the medication incidents that involved a specific resident and their missed dosages of medications on two specific dates, together with a record of the immediate actions taken to assess and maintain the resident's health.

2) Together with a Pharmacy representative(s), five specific staff, and other registered staff that were involved with the specific resident's admission, admission orders, and administration of their medication between the specific dates, review and analyze, if any, the contributing factors related to the resident's medication

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incidents.

3) Based on the contributing factors identified in 2), document the actions taken to address the contributing factors.

4) Provide training to all registered staff on the immediate actions taken to assess and maintain the resident's health that was recorded in 1), and of the actions taken to address the contributing factors identified in 2).

5) Maintain documentation of the those involved in steps 1), 2), 3) and 4 including the names of the staff and pharmacy representative(s), their designation, and date(s) when 1), 2), 3), and 4 occurred.

6) 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 the medication incidents that occurred on three specific dates, that involved a specific resident related to a specific physician's order were documented, together with a record of the immediate actions taken to assess and maintain the resident's health.

During an interview with a specific staff member, they confirmed that on a specific date the Pharmacy delivered to the home the resident's specific medications. The staff member confirmed that there was no medication incident reports submitted through the pharmacy portal related to the resident's missed dosages of medications for two days.

Sources: Specific resident record review; Hospital progress notes; Pharmacy packing slip two specific medications, Drug Order report; the licensee's Admission Policy, #0401-03-06; and interview with two specific staff.

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This order must be complied with by April 30, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The 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

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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

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Director

c/o Appeals Coordinator
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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.