

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: October 14, 2025

Inspection Number: 2025-1584-0007

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 date(s): September 22 - 26 and 29, and October 1 - 3, 6 -10, and 14, 2025

The following intake(s) were inspected:

- Intake: #00147164/ M576-000079-25- regarding alleged staff to resident neglect.
- Intake: #00148266 - Compliance Order Follow-up - FLTCA, 2021 - s. 25 (1)- Prevention of abuse and neglect.
- Intake: #00150337/ M576-000106-25 - regarding alleged resident to resident emotional abuse.
- Intake: #00150402/ M576-000107-25 - regarding alleged resident to resident physical abuse.
- Intake: #00150644/ M576-000113-25 - regarding alleged staff to resident physical abuse.
- Intake: #00150906/ M576-000116-25 - regarding alleged resident to resident physical abuse.

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- Intake: #00151053/ M576-000118-25 - regarding alleged resident to resident emotional and physical abuse
- Intake: #00151475/ M576-000121-25 - regarding alleged resident to resident sexual abuse.
- Intake: #00151518/ M576-000122-25 - regarding alleged resident to resident sexual abuse.
- Intake: #00152338/ M576-000127-25 - regarding alleged staff retaliation for concerns expressed re resident care.
- Intake: #00152443 & #00152605/ M576-000129-25 - regarding alleged resident to resident sexual abuse.
- Intake: #00152538 - Complaint regarding alleged improper wound care.
- Intake: #00153475/ M576-000137-25/M576-000160-25 - regarding alleged improper wound care.
- Intake: #00153601 - Compliance Order Follow up - FLTCA, 2021 - s. 6 (7) - Plan of Care-Chair Alarms.
- Intake: #00153704/ M576-000138-25 - regarding alleged resident to resident physical abuse.
- Intake: #00154002/ M576-000142-25 - regarding alleged resident to resident physical abuse.
- Intake: #00154206/ M576-000143-25 - regarding alleged staff to resident neglect.
- Intake: #00154212 - Complaint regarding the following of a resident's plan of care.
- Intake: #00154534/ M576-000145-25 - regarding alleged resident to resident sexual abuse.
- Intake: #00155375 & #00155390 - Complaints regarding the following of a resident's plan of care.
- Intake: #00155763/ M576-000150-25 - regarding a fall with injury requiring transfer to hospital.
- Intake: #00155843 - Complaint regarding alleged staff to resident neglect.
- Intake: #00156019/ M576-000151-25- regarding alleged resident to resident

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physical abuse resulting in fall with injury and transfer to hospital.
-Intake: #00156180 - Complaint regarding alleged improper care and sufficient staffing.
-Intake: #00156769/ M576-000156-25- regarding alleged staff to resident physical and emotional abuse.
-Intake: #00156779/ M576-000154-25- regarding alleged resident to resident physical abuse.
-Intake: #00157125/ M576-000160-25- regarding alleged improper wound care.
-Intake: #00157290/ M576-000161-25 - regarding alleged resident to resident verbal abuse.
-Intake: #00157348/ M576-000163-25- regarding alleged staff to resident neglect.
-Intake: #00157523 - Complaint regarding alleged staff to resident abuse.

Previously Issued Compliance Order(s)

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

- Order #001 from Inspection #2025-1584-0003 related to FLTCA, 2021, s. 25 (1)
- Order #001 from Inspection #2025-1584-0006 related to FLTCA, 2021, s. 6 (7)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Reporting and Complaints
- Falls Prevention and Management

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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 provide a resident with toileting as set out in their plan of care on a specified date..

Sources: Interview with an Assistant Director of Care (ADOC), and review of Point of Care (POC) documentation, Point Click Care (PCC) care plan, a Critical Incident (CI) System report M576-000163-25 and an ADOC email response.

The licensee has failed to ensure that the care set out in the skin and wound plan of care was provided to a resident, as specified in the plan. Treatments for the resident's wounds were not provided as specified in the plan of care on several dates.

Sources: Review of resident progress notes, treatment administration record (TAR) and the licensee's wound and interviews with the Clinical Nurse Specialist (CNS) and an ADOC.

WRITTEN NOTIFICATION: Plan of Care

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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.

The licensee has failed to ensure that the provision of care specific to toileting a resident every two hours was documented on multiple dates.

Sources: Interview with an ADOC, and a review of POC documentation, PCC care plan, and CI System reports.

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 their Dietitian Referral policy.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that their written policy related to Skin and Wounds Prevention and Management has been complied with.

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The licensee's Skin and Wounds Prevention and Management policy indicated that a Dietitian Referral would be completed and sent for every resident with new wounds. There were no Dietitian Referrals completed for a resident who with open wounds and a pressure injury.

Sources: Review of resident progress notes, Nutritional Risk Assessments, a Dietitian Referral on PCC and the licensee's Skin and Wounds Prevention and Management policy, and an interview with an ADOC, the Registered Dietitian (RD) and the Food Services Supervisor (FSS).

WRITTEN NOTIFICATION: Falls prevention and management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to comply with their falls prevention and management policy.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that their written policy related to falls prevention and management is complied with.

The licensee's falls prevention and management policy indicated that if the resident falls and the fall is unwitnessed, proceed with head injury routine. This policy was

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not complied with when there was no head injury routine initiated in PCC for a resident's unwitnessed fall.

Sources: Review of resident progress notes, risk management, and TAR on PCC, the licensee's 'Fall Prevention and Management' policy, and an interview with a Registered Nurse (RN) and an ADOC.

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) (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 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.

A resident had a documented pressure injury and did not have a skin assessment using a clinically appropriate assessment instrument specifically designed for skin and wound assessment completed.

Sources: Review of resident progress notes, skin assessments on PCC, and interviews with the CNS, an ADOC and a resident.

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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 was reassessed weekly by an authorized person using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A resident with wounds had one skin assessment using the clinically appropriate assessment instrument specifically designed for skin and wound assessment completed for several weeks.

Sources: Review of resident progress notes, skin assessments on PCC, and interviews with the CNS, an ADOC and a resident.

The licensee has failed to ensure that a resident was reassessed weekly by an authorized person using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A resident with documented open wounds had five skin assessments using the clinically appropriate assessment instrument specifically designed for skin and

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wound assessment completed, during a ten week period.

Sources: Review of resident progress notes on PCC, and interviews with a RPN, the CNS, and an ADOC.

WRITTEN NOTIFICATION: Responsive behaviours

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that a resident with responsive behaviours towards another resident, had behaviour monitoring-Dementia Observation System (DOS) documentation completed as documentation was omitted on multiple separate occasions.

Sources: Review of resident progress notes and POC documentation in PCC, and interviews with a RN and an ADOC.

WRITTEN NOTIFICATION: Prohibited devices that limit movement

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 121 7.

Prohibited devices that limit movement

s. 121. For the purposes of section 38 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:

7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose.

The licensee has failed to ensure that a prohibited device; was not used by staff members to keep a resident seated on a chair on a specified date.

Sources: Review of the home's investigation file; and interviews with two PSWs and an ADOC.