

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: September 4, 2025

Inspection Number: 2025-1482-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Lennox and Addington County General Hospital Association

Long Term Care Home and City: Lennox and Addington County General Hospital, Napanee

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 25 - 29, 2025 and September 2 - 4, 2025

The following intake(s) were inspected:

Intake: #00155916 - Proactive Compliance Inspection (PCI)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement

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Staffing, Training and Care Standards
Residents' Rights and Choices
Pain 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.

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

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the visitor policy was posted in the home. On a specified day August 2025, a staff member posted the required policy.

Sources: Observations made by Inspector and an interview with a staff member

Date Remedy Implemented: A specified day in August 2025

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WRITTEN NOTIFICATION: Plan of care

NC #002 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

The licensee has failed to ensure that there was a written plan of care for a resident that sets out clear directions to staff and others who provide direct care to the resident. Directions in specified areas of the plan of care indicated that a resident was not to have a specified food; however other areas of the plan of care indicated this was resolved.

Sources: Review of the resident's clinical records and interviews with staff members

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (3)

Menu planning

s. 77 (3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented. O. Reg. 246/22, s. 390 (1).

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The licensee has failed to ensure that a written record was kept for the evaluation of the spring/summer 2024, fall/winter 2024/2025 and spring/summer 2025 menu cycles.

Sources: Interview with a staff member