



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection
prévues le Loi de 2007 les
foyers de soins de longue**

**Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch**
**Division de la responsabilisation et de la
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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Mar 27, 28, 30, 2012	2012_035124_0013	Complaint

Licensee/Titulaire de permis

The Corporations of the United Counties of Leeds and Grenville, the City of Brockville, the Town of Gananoque and the Town of Prescott
c/o St. Lawrence Lodge, 1803 County Road 2, BROCKVILLE, ON, K6V-5T1

Long-Term Care Home/Foyer de soins de longue durée

ST. LAWRENCE LODGE
1803 County Road, #2 East, Postal Bag #1130, BROCKVILLE, ON, K6V-5T1

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

LYNDA HAMILTON (124)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with residents, the Administrator, Director of Care, Registered Nurses, Registered Practical Nurses and Nursing Attendants.

During the course of the inspection, the inspector(s) observed resident care, observed lunch meal on March 27, 2012, reviewed resident health records and the home's policies related to Positioning and Basic Skin Care.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:

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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to comply with LTCHA 2007, s.6. (7) in that residents did not receive care as specified in their plans of care as demonstrated by the following findings.

A resident required staff to provide total assistance with mouth care. The resident's plan of care dated January 6, 2012 directed staff to provide oral care after each meal. The nursing attendants reported to the inspector that this resident did not receive oral care after lunch that specific day.

A second resident required staff to provide total assistance with all aspects of personal hygiene. The resident's plan of care dated March 9, 2012 directed staff to provide mouth care after every meal. On a specific day, the nursing attendants reported to the inspector that this resident did not receive mouth care after lunch.

The second resident's plan of care dated March 9, 2012 outlined specific directions related to continence care. After lunch on a specific day, the resident was assisted to bed by staff and the resident did not receive continence care as specified in the plan of care.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure residents receive oral care and continence care as specified in their plans of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following subsections:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,
- (a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
 - (i) within 24 hours of the resident's admission,
 - (ii) upon any return of the resident from hospital, and
 - (iii) upon any return of the resident from an absence of greater than 24 hours;
 - (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
 - (c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
 - (d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).
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Findings/Faits saillants :

1. The licensee failed to comply with O.Reg. 50. (2) (d) in that residents who are dependent on staff for repositioning were not repositioned every two hours or more frequently as required as demonstrated by the following findings.

A resident required the assistance of staff to be repositioned. On March 27, 2012, the resident remained seated in a Broda chair with a restraint in place from 0940 hours to 1300 hours and was not repositioned. The resident was then assisted to bed by two staff members.

A second resident required the assistance of staff to be repositioned. On March 27, 2012, the resident was observed to remain seated in a Broda chair with a seat belt in place from 0940 hours until approximately 1300 hours and the resident was not repositioned during this time.

A third resident is wheelchair dependent and required the assistance of staff to be repositioned. On March 27, 2012, the resident was observed to be seated in the wheelchair from 0940 hours to 1243 hours with no change in position.

On March 28, 2012, a fourth resident was observed to be seated in a wheelchair with a restraint applied from 0905 hours until approximately 1230 hours. The resident was not repositioned during this time.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure residents who are dependent on staff for repositioning are repositioned every two hours or more frequently as required, to be implemented voluntarily.

Issued on this 25th day of April, 2012



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Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs