



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

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
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### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 25, 2013	2013_049143_0051	O-000311- 13	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**

PAUL MILLER (143)

### **Inspection Summary/Résumé de l'inspection**



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

**This inspection was conducted on the following date(s): October 21st and 22nd, 2013.**

**During the course of the inspection, the inspector(s) spoke with The Administrator, the Director of Care, a staffing clerk, Registered Practical Nurses, Personal Support Workers, residents and family members.**

**During the course of the inspection, the inspector(s) reviewed staffing schedules, staffing policies and procedures, observed resident care and services and completed a tour of the second floor resident home areas.**

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

**Findings of Non-Compliance were found during this inspection.**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Legendé</b>
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**

**Specifically failed to comply with the following:**

**s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) 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 those changes were implemented. O. Reg. 79/10, s. 31 (4).**

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**Findings/Faits saillants :**

1. Met with the Director of Care on October 22nd, 2013 who reported that the home has an informal process for evaluating the staffing plan and does not keep a written record of this evaluation. The Director of Care and the Administrator reported to the inspector on October 22nd, 2013 that the home had increased Personal Support Workers hours August 2011 and has not decreased any hours within the Nursing Department.

The license has failed to comply with Ontario Regulation 79/10 31.(4) by not ensuring that a written record of the annual evaluation is completed that identifies the date of the evaluation, the names of the persons participating in the evaluation and a summary of the changes and the dates that the changes were implemented. [s. 31. (4)]



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**Issued on this 28th day of October, 2013**

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