



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 prévue 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 performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jun 21, 22, 24, 2011; 2011_042148_0012; Follow up

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

AMANDA NIXON (148) and Jessica Pattison

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Registered Nursing Staff and Personal Support Workers on the 3rd floor units.

During the course of the inspection, the inspector(s) reviewed the home's Choking Management Policy (#0401-03-72) and the Do Not Resuscitate Policy(#0401-03-07).

The following Inspection Protocols were used in part or in whole during this inspection:

Personal Support Services

There are no findings of Non-Compliance as a result of this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions

WN - Written Notification
VPC - Voluntary Plan of Correction
DR - Director Referral
CO - Compliance Order
WAO - Work and Activity Order

Définitions

WN - Avis écrit
VPC - Plan de redressement volontaire
DR - Aiguillage au directeur
CO - Ordre de conformité
WAO - Ordres : travaux et activités



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Long-Term Care

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the Long-Term Care
Homes Act, 2007

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

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.

Issued on this 24th day of June, 2011

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

Amanda Nix RD LTCH Inspector



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

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

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longue durée**

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Date(s) of inspection/Date de l'inspection Jun 21, 22, 24 2011	Inspection No/ No de l'inspection 2011_042148_0012	Type of Inspection/Genre d'inspection Follow up
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 AMANDA NIXON (148) and JESSICA PATTISON (197)		

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:**

(Please delete empty rows. Ensure the signature box is on the same page as the last row of corrected requirement.)

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O. Reg. 79/10, s. 8 (1)(b)	Compliance Order # 001	2011_042148_0001	148 and 175

Issued on this 24th day of June, 2011

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

Amanda Nixon RD LTCH Inspector