



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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 28, 2018	2018_664602_0005	028933-17, 001121-18	Critical Incident System

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

WENDY BROWN (602)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 9, 2018, February 26-28, 2018, March 2, 2018 and March 7-9, 2018.

The following intakes were completed in the Critical Incident System Inspection: Log# 028933-17, CIS#M576-000038-17 and Log# 001121-18, CIS#M576-000001-18 were related to falls` with injury and transfer to hospital.

During the course of the inspection, the inspector(s) spoke with residents, family members, Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Assistant Directors of Care (ADOC1, 2 & 3), and the Director of Care (DOC).

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

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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:

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 has failed to comply with LTCHA 2007. s. 6 (7) in that the care set out in the residents plan of care was not provided as specified in the plan.

Resident # 002 was admitted to the St. Lawrence Lodge, Long-term Care (LTC) home on a specified date. The resident had identified diagnoses. On a specified date, staff attended to an alarm and found resident #002 on the floor. The resident was assessed and found to be unable to weight bear and was transferred to hospital for further investigation. The resident returned to the home on a specified period later..

A record review was completed and showed that as of the date of the fall, resident #002 had fallen a significant number of times in a specified period.

During a review of the care plan it was noted that resident #002 was to have certain fall interventions in place. ADOC #120 advised that it is the expectation of staff to follow the care plan; explaining that if someone is to receive specific care then this care should be completed and documented. The ensuing review of resident 002's flow sheets for a specified period indicated that each form had multiple periods where there was no indication that care or safety monitoring had been provided. ADOC #120 acknowledged that there was no evidence to support that care and monitoring had been provided during these periods.

Several PSW staff were interviewed and each indicated their awareness that resident care should be completed as outlined in the plan of care as well as documented for monitoring and ensuring safety. The PSW's were unable to confirm that care had been provided during the shifts noted on a review of the flow sheets presented by inspector #602

In an interview on a specified date, the DOC indicated the home was improving in their completion and documentation of the care and services they provide. On review of resident #002s flow sheets, however, the DOC could not confirm that care had been provided on multiple periods reviewed during the time period presented by inspector #602.

Interviews and reviews of resident 002's flow sheets found that there multiple periods of time where there was no documentation that care was completed indicating that required care and safety monitoring were not reliably being provided. [s. 6. (7)]



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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 that residents at risk for falls will have their care completed as outlined in the plan of care and that a system to ensure the completion and documentation of repositioning and one and two hourly side rail checks is developed, to be implemented voluntarily.

Issued on this 19th day of June, 2018

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

Original report signed by the inspector.