



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 prévue  
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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## Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 14, 2019	2019_702197_0004	031277-18	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

JESSICA PATTISON (197)

## 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): February 1, 4, 5, 2019**

**Log 031277-18 is a complaint related to responsive behaviours.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, an Assistant Director of Care, a Registered Nurse, Registered Practical Nurses, a Personal Support Worker and a resident.**

**The inspector reviewed resident health care records, the home's policy related to responsive behaviour management and observed resident care.**

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

**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>Légende</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 O.Reg 79/10, s. 26. Plan of care  
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:  
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day. O. Reg. 79/10, s. 26 (3).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the responsive behaviour plan of care is based on an interdisciplinary assessment of the resident.

The inspector received a complaint that resident #001 was displaying responsive behaviours.

ADOC #100 indicated to the inspector during an interview that resident #001 does exhibit specified responsive behaviours and that the home is working on developing strategies to manage these behaviours.

During observation periods on specified dates, resident #001 was noted to display two of the identified behaviours.

Resident #001's current health care record was reviewed. In their most recent MDS (Minimum Data Set) assessment, the resident triggered RAPs (Resident Assessment Protocols) related to responsive behaviours and both indicated that these areas would be care planned so that strategies would be in place to help manage the resident's behaviours.

During interviews with 2 RPNs, 1 RN and 1 PSW on the unit, they all indicated that resident #001's behaviours have been difficult to manage.

Upon review of resident #001's current care plan, the resident's responsive behaviours in the most recent RAPs are not identified and there are no strategies listed to help manage the assessed behaviours.

Therefore, the licensee has not ensured that the responsive behaviour plan of care is based on the interdisciplinary assessment of the resident. [s. 26. (3) 5.]



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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 the responsive behaviour plan of care is based on an interdisciplinary assessment of the resident, to be implemented voluntarily.***

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Issued on this 14th day of February, 2019

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

**Original report signed by the inspector.**