

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670**Public Copy/Copie du rapport public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 12, 2021	2021_873602_0003	023961-20, 001371- 21, 001834-21, 002524-21	Complaint

Licensee/Titulaire de permisThe 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

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

This inspection was conducted on the following date(s): Feb 23 - 27 and March 4 & 5, 2021

The following inspections were conducted:

Log# 002524-21 - regarding hygiene and oral care concerns

Log# 001834-21 - regarding missing items and personal support services including: hygiene, continence and oral care concerns

Log# 001371-21 & 023961-20 - regarding communication & follow up, missing items and personal support services including: hygiene, dressing, continence care and plan of care concerns

During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), Assistant Directors of Care (ADOC), the Director of Care (DOC), the Infection Prevention & Control (IPAC) management lead, and the Administrator.

In addition, the inspector reviewed resident health care records: including plans of care & progress notes, relevant policies and procedures, and made resident care & service and IPAC practice observations.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Infection Prevention and Control
Personal Support Services**

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

2 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. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Findings/Faits saillants :

1. The licensee failed to participate in the infection prevention and control (IPAC) program by not performing hand hygiene before and after resident medication administration.

IPAC observations of the 1200 hour medication pass on one of the resident home areas (RHA) noted that a Registered Practical Nurse (RPN) did not perform hand hygiene before or after providing medications to three different residents. The home's policy indicates that hand hygiene is to be performed before and after each resident contact.

Sources: Hand Hygiene policy, IPAC Checklist, RHA IPAC observations, and interviews with the Director of Care (DOC), the IPAC management lead and other staff. [s. 229. (4)]

2. The licensee failed to participate in the IPAC program by not assisting residents to perform hand hygiene before and after meals.

Evidenced based practice indicates that staff should assist residents to perform hand hygiene before and after meals. An IPAC lunch hour observation in the dining area on two RHAs revealed resident hands were not cleaned prior to attending or within the dining area(s). A Personal Support Worker (PSW) staff indicated that performing hand hygiene before and after meals was not always completed; neglecting hand hygiene at this time increases the risk of virus transmission among residents and staff.

Sources: Public Health Ontario - Best Practices for Hand Hygiene in All Health Care Settings, 4th Edition, IPAC Checklist, RHA IPAC observations and interviews with the DOC, the IPAC management lead, PSWs and other staff. [s. 229. (9)]

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 all staff participate in the implementation of the IPAC program, to be implemented voluntarily.

**WN #2: 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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

- 1. The licensee failed to document the provision of mouth care completed each morning and evening for five residents.**

A review of eleven resident care flow sheets found that five residents' sheets were missing checks indicating mouth care was provided twice a day. Interviews indicated that the provision of mouth care is to be completed twice a day and documented on the appropriate resident care sheet.

Sources: Resident Care Flow sheets, the Mouth Care policy, observations on two RHAs and interviews with the DOC, a Registered Practical Nurse and other staff. [s. 6. (9) 1.]

Issued on this 16th day of March, 2021

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

Original report signed by the inspector.