

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: February 24, 2025

Inspection Number: 2025-1584-0001

Inspection Type:

Other
Complaint
Critical Incident
Follow up

Licensee: The Corporations of the United Counties of Leeds and Grenville, the City of Brockville, the Town of Gananoque and the Town of Prescott

Long Term Care Home and City: St. Lawrence Lodge, Brockville

INSPECTION SUMMARY

This inspection occurred onsite on the following dates:
February 10-12, 2025, February 14, 2025, February 18-21, 2025, and February 24, 2025.

The inspection occurred offsite on the following date: February 13, 2025.

The following intakes were completed in this complaint inspection:

Intake #00135662 was related to resident care and resident falls management.

Intake #00136083 was related to concerns regarding alleged resident abuse and retaliation.

Intake #00136531 was related to infectious disease outbreak management.

Intake #00136702 was related to the allegation of verbal abuse by a staff member towards a resident and management of the resident's decline in condition.

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The following intakes were completed in this follow up inspection:

Intake 00132009 -Follow-up #001 to Compliance Order (High Priority) issued under inspection 2024-1584-0004, related to O. Reg. 246/22 - s. 123 (2), Medication management system with a Compliance Due Date of January 29, 2025.

Intake #00132008- Follow up #002 to Compliance Order issued under inspection 2024-1584-0004 related to FLTCA, 2021, s. 25 (1) -Policy to promote zero tolerance, with a Compliance Due Date (CDD) of December 30, 2024.

Intake #00139053 related to the outstanding submission of the Emergency Planning Annual Attestation.

The following intakes were completed in this Critical Incident (CI) inspection:

Intake #00134966/CI#M576-000099-24 and Intake #00137953/CI#M576-000021-25 related to allegations of resident to resident physical abuse.

Intake #00136098/CI#M576-000001-25 and intake 00136711/CI# M576-000011-25 related to the allegations of improper/incompetent care of residents.

Intake #00138503/CI#M576-000026-25 related to a resident's unexpected death.

Intake #00138469/CI#M576-000025-25 related to a medication incident resulting in an adverse drug reaction requiring a transfer to the hospital for treatment for a resident.

Intake #00137777/CI#M576-000020-25 related to an environmental hazard.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1584-0004 related to FLTCA, 2021, s. 25 (1)

Order #001 from Inspection #2024-1584-0004 related to O. Reg. 246/22, s. 123 (2)

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

Resident Care and Support Services
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that a specific resident's substitute decision maker (SDM) was notified when a medication was initiated for the resident on a specific date.

Sources: Review of the Prescriber's Digiorders and progress notes for the resident, and interviews with two specific staff.

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WRITTEN NOTIFICATION: Documentation

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

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.

The licensee has failed to ensure that staff completed the Point of Care (POC) documentation for a specific resident's care, on multiple shifts during two specific months.

Sources: Review of the resident's POC documentation and an interview with a specific staff.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that their written policy related to promoting zero tolerance of abuse and neglect of residents was complied with. A review of the licensee's policy Abuse and Neglect of Residents indicates any employee who witnesses or suspects abuse or neglect of a resident by another must verbally report the incident immediately; however, an allegation of abuse pertaining to a specific resident made by their substitute decision maker (SDM) on a specific date was not reported.

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Sources: Review of the resident's progress notes; review of the licensee's policy Abuse and Neglect of Residents, Section: Administration 0202-02-05, Issue Date: October 1994, Revision Date: October 2024; and interviews with two specific staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a specific resident received a weekly skin assessment for a specific condition during a specific month.

Sources: Review of resident the resident's Point Click Care (PCC) Assessments, Treatment Administration Records (TARs) during specific months, progress notes; the home's policy for the Skin and Wound Program, 0401-03-34, Revision Date: April 2023; and an interview with a specific staff.

WRITTEN NOTIFICATION: Emergency plans

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. ix.

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,
 - ix. loss of one or more essential services,

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The licensee has failed to ensure the written emergency plan provides for the loss of one or more essential services specific to the loss of function of the resident-staff communication and response system.

Sources: Interview with two specific staff, Emergency Measures Plan: Section 12-Essential Services (revised June14 2022).

WRITTEN NOTIFICATION: Attestation

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 270 (3)

Attestation

s. 270 (3) The licensee shall ensure that the attestation is submitted annually to the Director.

The licensee has failed to ensure that the annual Emergency Plan Attestation Form was submitted to the Director by a specific date.

Sources: Interview with a specific staff.

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COMPLIANCE ORDER CO #001 Administration of drugs

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 140 (1)

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The Licensee shall:

A. Conduct training for a specific staff on the policies and procedures as outlined in the Medi-System Policy and Procedure Manual, section 19- Medication Administration.

B. Conduct training for the specific staff on the policies and procedures related to use of the automated medication dispensing machine named the Med-Select cabinet.

C. Develop an auditing tool to include,

- Medication administration procedures for medication administration as outlined in the Medi-System Policy and Procedure Manual, section 19- Medication Administration.
- Procedures to use the Med-Select cabinet

D. Conduct audits on the specific staff member once per week, for two residents during a scheduled medication pass to validate adherence to medication administration procedures as indicated in Medi-System Policy and Procedure Manual.

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E: Conduct audits on the specific staff member once per week on the use of the Med-Select cabinet.

F. Audits to be completed for 2 weeks. Corrective actions to be taken and documented if a deviation from the policies and procedures are noted during the audits.

G. Keep written records for A, B, C, D, E, F that includes date of training, and audits, name of trainer and auditor until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

The licensee has failed to ensure that no drug is used or administered unless the drug has been prescribed for a specific resident.

During an interview with a specific staff member they indicated on a specific date they obtained an order from the on call physician for a specific medication for a specific resident to manage a health condition.

The staff member stated they dispensed the medication from the automated medication dispensing machine (UDM) within the home and administered the medication to the resident. After administered of the medication by the staff member they realized they gave another specific medication to the resident in error. The medication error resulted in the resident experiencing an adverse reaction requiring them to be sent to the hospital for treatment.

Sources: Interviews with two specific staff members, review of the resident progress notes, UDM (Med-Select Cabinet): Nurse Usage Report, Medication Incident Report. Physician's Order. **This order must be complied with by April 8, 2025**

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REVIEW/APPEAL INFORMATION

TAKE Notice The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Director

c/o Appeals Coordinator
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e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.