Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
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Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité
Bureau régional de services de Ottawa

347, rue Preston, 4iém étage
Ottawa ON K1S 3J4
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Ontario

November 22, 2010

Mr. Tom Harrington
Administrator
St. Lawrence Lodge
1803 County Road, #2 East
Postal Bay #1130
Brockville ON K6V 5T1

Dear Mr. Harrington:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on September 10, 2010 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

Amanda Nix RD

Amanda Nixon
LTC Home Inspector – Dietary

c President, Resident's Council
President, Family Council

Ontario

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

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

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☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
September 10, 2010	**2010_148_9576_09Sep09192**	Complaint Log # O-000682

Licensee/Titulaire
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 Ontario K6V 5T1
Phone 613-345-0255 Fax 613-345-1029

Long-Term Care Home/Foyer de soins de longue durée
St. Lawrence Lodge, 1803 County Road 2 East Postal Bag #1130 (K6V 5W2) Brockville Ontario K6V 5T1
Phone 613-345-0255 Fax 613-345-1029

Name of Inspector(s)/Nom de l'inspecteur(s)
Amanda Nixon (ID#148)
Delores MacDonald (#136)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to visitation during outbreaks and the dehydration, hospital admission and death of an identified resident.

During the course of the inspection, the inspectors spoke with members of the management team including the Administrator Tom Harrington, Assistant Director of Care Ann Foster, Assistant Director of Care and Infection Control Practitioner (ICP) Bonnie Locker, Assistant Resident Assessment Instrument (RAI) coordinator Ember MacDonald, two Registered Practical Nurses responsible for care on the Spruce unit and one personal support worker responsible for care on the Spruce unit.

During the course of the inspection, the inspectors reviewed the resident's health record, policy for fluid diets and infection control documents related to the March 22 to April 12, 2010 gastrointestinal outbreak.

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Personal Support Services

Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the Long-Term Care Homes Program Manual Standards and Criteria

Criteria A1.11 (6)(i)
Every resident has the right, to be informed of his or her medical condition, treatment and proposed course of treatment.

Findings:

1. The Power of Attorney (POA) for an identified resident reported that he/she was not informed of the resident's change in health status. There is no documentation that the POA was informed of the resident's decreased oral intake, change to fluid diet or gastrointestinal symptoms.

Inspector ID #:	148 and 136

WN #2: The Licensee has failed to comply with the Long-Term Care Homes Program Manual Standards and Criteria

Criteria B2.4
Each resident's plan of care shall reflect his/her current strengths, abilities, preferences, needs, goals, safety/security risks, and decisions including advance directives provided by the resident or any substitute decisions provided by the lawfully authorized person. The plan of care shall give clear directions to staff providing care.

Findings:

1. The Minimum Data Set (MDS) admission assessment, completed February 2010, for an identified resident, triggered a dehydration risk. The dehydration risk, related to urinary tract infections, use of a diuretic, decreased oral intake and gastrointestinal symptoms was not reflected in the resident's plan of care. The resident was admitted to hospital April 10, 2010 with a diagnosis of dehydration.

Inspector ID #:	148 and 136

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** Amanda Nix RD LTCH Inspector
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection). October 1, 2010