



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 11, 2013	2013_038197_0001	O-002386- 12,O- 000013-13	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): January 9 & 10, 2013

Two complaints were completed as part of this inspection: logs O-002385-12 and O-000013-13

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care (2nd floor), Registered Nurses, Registered Practical Nurses, Nursing Attendants, family members and a private caregiver.

During the course of the inspection, the inspector(s) reviewed health care records, a skin care policy, Mobile Response Team notes and observed residents and part of two lunch meal services.

The following Inspection Protocols were used during this inspection:
Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



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1. The following findings are related to log O-000013-13.

The licensee has failed to comply with O. Reg. 79/10, s. 8(1)(b) in that they did not comply with their policy related to basic skin care following episodes of incontinence.

O. Reg. 79/10, s. 50(1)1 under Skin and wound care, states:

The skin and wound care program must, at a minimum, provide for the following:

The provision of routine skin care to maintain skin integrity and prevent wounds.

The home's Skin Care (Basic) policy # 0401-03-34 states the following:

Provide special attention for the following areas/conditions -

Incontinence

- Wash and dry peri area thoroughly using wash cream
- Apply vaseline/petroleum jelly following peri care
- Check for incontinence every two hours and change prn
- Apply incontinence products correctly ensuring plastic does not touch skin

On January 10, 2013 during an interview with the Assistant Director of Care(2nd floor), she stated that the process related to incontinence in their Skin Care (Basic) policy is to be followed after every episode of incontinence for every resident.

During an interview with a staff member on January 9, 2013, the staff member stated that washing a resident's peri area between brief changes is not always completed.

During an interview with another staff member on January 10, 2013, this staff member stated that washing a resident's peri area is always done after episodes of bowel incontinence, but not always after episodes of urinary incontinence. [s. 8. (1)]

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 103. Complaints
— reporting certain matters to Director**



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Specifically failed to comply with the following:

s. 103. (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 24 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 101 (1). O. Reg. 79/10, s. 103 (1).

Findings/Faits saillants :

1. The following findings are related to log O-000013-13.

The licensee has failed to comply with O. Reg. 79/10, s. 103(1) in that a copy of a written complaint that was received by the home related to LTCHA 2007, s. 24 was not submitted to the Director with a written report documenting the response made to the complainant.

On a specified date a resident's family member emailed a written complaint to an Assistant Director of Care concerning improper continence care of the resident.

The Assistant Director of Care responded to the family member via email stating that an investigation had been completed and asked the family member to call to discuss the findings.

A written record of this phone conversation was kept and provided to the inspector on January 10, 2013.

During an interview with the involved Assistant Director of Care on January 10, 2013, she stated that she did not send a copy of the complaint or the written report of her response to the Director. [s. 103. (1)]



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Issued on this 14th day of January, 2013

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

Jessica Patten, RD