



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 prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: May 31, Jun 1, 2, 6, 7, 2011; 2011\_042148\_0008; Complaint

Licensee/Titulaire de permis

THE CORPORATION OF THE CITY OF CORNWALL
1900 Montreal Rd., CORNWALL, ON, K6H-7L1

Long-Term Care Home/Foyer de soins de longue durée

GLEN-STOR-DUN LODGE
1900 MONTREAL ROAD, CORNWALL, ON, K6H-7L1

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

AMANDA NIXON (148) MO Brenda Thompson (175)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Registered nursing staff and Personal Support Workers responsible for care on the 3rd floor units and residents on the 3rd floor units.

During the course of the inspection, the inspector(s) reviewed resident health records, including assessment data, plans of care, and resident flow sheets, the Glengarry and Stormont Bath Lists. In addition the lunch meal service on June 1, 2011 was also observed.

The following Inspection Protocols were used in part or in whole during this inspection:

Dining Observation

Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

<b>Definitions</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Définitions</b>  WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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. 73. Dining and snack service**  
**Specifically failed to comply with the following subsections:**

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**

- 1. Communication of the seven-day and daily menus to residents.**
- 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.**
- 3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.**
- 4. Monitoring of all residents during meals.**
- 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.**
- 6. Food and fluids being served at a temperature that is both safe and palatable to the residents.**
- 7. Sufficient time for every resident to eat at his or her own pace.**
- 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.**
- 9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.**
- 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.**
- 11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits sayants :**



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1. Three identified residents, all requiring feeding assistance, were observed at the lunch meal service on June 1, 2011 in the Stormont dining room. All three residents were provided fluids in plastic cups. The plan of care for each resident was reviewed, there was no indication for the use of plastic cups.
2. Two identified residents, both requiring feeding assistance were observed at the lunch meal service on June 1, 2011 in the Stormont dining Room. Both residents were seated in wheelchairs with their backs to the window, neither resident was provided with a dining table for food or fluids. Food and fluids were placed behind the residents on the window sill and staff were observed with resident's dinner plates on their laps.
3. Two identified residents, both requiring feeding assistance were observed at the lunch meal service on June 1, 2011 in the Stormont dining room. Both residents were seated with their backs to the wall and wooden folding table between them for food and fluids. Dining tables at an appropriate height were not provided.
4. Two identified residents, both requiring feeding assistance were observed at the lunch meal service on June 1, 2011 in the Glengarry dining room. Both residents were seated with their backs to the wall and wooden folding table between them for food and fluids. Dining tables at an appropriate height were not provided.
5. Two female residents provided with feeding assistance, were observed on June 1, 2011 in the Stormont dining room. Both residents were sitting with their backs to window, with wooden folding table between them. Dining tables at an appropriate height were not provided.

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing**

**Specifically failed to comply with the following subsections:**

**s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).**

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**Findings/Faits sayants :**



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1. As per the Glengarry Bath List, an identified resident was scheduled to receive a tub bath each Monday and Thursday. According to the Resident Flow Sheet, the resident was provided a bath on Monday, May 2nd and a shower on Monday, May 9th. No bath/shower was provided on the scheduled Thursday May 5th, indicating the resident was only provided one bath, over a 1 week period. In addition, according to the Resident Flow Sheet, the resident was provided a bath on Thursday May 12th and Friday May 20th. No bath was provided on the scheduled Monday May 16th, indicating the resident was only provided one bath, over a 1 week period. The resident's plan of care did not contraindicate a minimum of two baths per week.
2. As per the Glengarry Bath List, an identified resident was scheduled to receive a tub bath each Monday and Thursday. According to the Resident Flow Sheet, the resident was provided a bath on Monday, May 9th and on Monday, May 16th. No bath was provided on the scheduled Thursday May 12th, indicating the resident was only provided one bath, over a 1 week period. The resident's plan of care did not contraindicate a minimum of two baths per week.
3. As per the Glengarry Bath List, an identified resident was scheduled to receive a tub bath each Sunday and Thursday. According to the Resident Flow Sheet, the resident was provided a bath on Thursday, May 5th and on Thursday, May 12th. No bath was provided on the scheduled Sunday May 8th, indicating the resident was only provided one bath, over a 1 week period. In addition, according to the Resident Flow Sheet, the resident was provided the next bath on Thursday, May 19th. Again, no bath was provided on the scheduled Sunday May 15th, indicating the resident was only provided one bath, over a 1 week period. The resident's plan of care did not contraindicate a minimum of two baths per week.
4. As per the Glengarry Bath List, an identified resident was scheduled to receive a tub bath each Monday and Friday. According to the Resident Flow Sheet, the resident was provided a bath on Monday, May 2nd and on Monday, May 9th. No bath was provided on the scheduled Friday May 6th, indicating the resident was only provided one bath, over a 1 week period. In addition, according to the Resident Flow Sheet, the resident was provided a shower on Friday, May 13th and bath on May 23rd. No bath/shower was provided on the scheduled Monday May 16th or Friday May 20th indicating the resident was only provided one bath, over a 9 day period. The resident's plan of care did not contraindicate a minimum of two baths per week.

**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 all residents of the home are bathed, at a minimum, twice a week,, to be implemented voluntarily.***

Issued on this 9th day of June, 2011

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

*Amanda Neri LTCH Inspector & Thompson*