Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Ottawa District
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Ottawa, ON, K1S 3J4
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Original Public Report

Report Issue Date: October 31, 2024
Inspection Number: 2024-1551-0005
Inspection Type: Complaint Critical Incident Follow up
Licensee: Corporation of the City of Cornwall
Long Term Care Home and City: Glen-Stor-Dun Lodge, Cornwall

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: October 15-18, 2024, October 21-25, 2024, and October 28, 30, 31, 2024

The following intakes were completed in this follow-up inspection:

- Intake #00114998 was Follow-up # 2 to Compliance Order (CO) #002 issued in inspection 2023-1551-0004, related to O. Reg. 246/22 s. 55 (2) (b) (ii) with a Compliance Due Date (CDD) of January 30, 2024.
- Intake #00122153 was Follow-up # 2 to CO #003 issued in inspection 2023-1551-0004, related to O. Reg. 246/22 s. 55 (2) (b) (iv) with a CDD of January 30, 2024.

The following intakes were completed in this complaint inspection:

- Intake #00123198 was related to continence care.
- Intakes #00124042 and #00126090 were related to Infection Prevention and Control (IPAC).

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

- Intakes #00120239, #00120571, #00124418, #00127865, #00128220 were related to alleged resident to resident physical abuse.
- Intake #00120989 was related to alleged staff to resident sexual abuse.
- Intakes #00121203, #00123196 were related to alleged staff to resident neglect.
- Intake #00122420 was related to an unexpected death.
- Intake #00126340 was related to an incident that caused an injury to a resident for which the resident was taken to a hospital and that resulted in a significant change in the resident's health condition.

Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2023-1551-0004 related to O. Reg. 246/22, s. 55 (2) (b) (ii)
Order #003 from Inspection #2023-1551-0004 related to O. Reg. 246/22, s. 55 (2) (b) (iv)

The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
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 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The Licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan for toileting the resident at a specified frequency on a specified shift on two dates.

Sources: A resident's health records, Home's investigation records, Response letter to complainant, interview with Nursing Supervisor.

WRITTEN NOTIFICATION: Plan of care

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 the provision of the care set out in a

resident's plan of care was documented which identified that the resident should be toileted at a specified frequency. The documentation was not completed on a specified shift on six dates in one month and one date in a different month, and on a different shift on one date in one month, and on two dates in a different month.

Sources: A resident's health records, interviews with a Personal Support Worker (PSW), a Registered Practical Nurse (RPN) and Nursing Supervisor.

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 27 (2)
Licensee must investigate, respond and act
s. 27 (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

The licensee has failed to ensure that the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b) were reported to the Director. Specifically, the results and the additional actions taken upon the conclusion of the internal investigation on a specified date for allegations of sexual abuse of a resident by a staff member, were not reported to the Director.

Sources: Critical Incident Report, licensee's internal investigation notes, and Interview with Interim Director of Care.

WRITTEN NOTIFICATION: Responsive behaviours

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 58 (1) 3.
Responsive behaviours
s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
3. Resident monitoring and internal reporting protocols.

1. The licensee has failed to ensure that as per the home's Responsive Behaviours Policy RC-17-01-04, "Behavioural & Psychological Symptoms of Dementia Screening Tool" (BPST) was initiated for two residents following resident-to-resident physical altercation between the two residents on a specified date. Additionally, the licensee has failed to ensure that BPST was initiated for the two residents following the resident-to-resident physical altercation on a different date.

In accordance with O. Reg. 246 / 22, s. 11 (1) (b), the licensee is required to ensure that resident monitoring and internal reporting protocols in place for residents exhibiting responsive behaviours, are complied with.

Sources: Electronic Health Records on Point Click Care for two residents, Responsive Behaviours Policy RC-17-01-04, residents' physical charts, interview with Nursing Supervisor.

2. The licensee has failed to ensure that as per the home's Responsive Behaviours Policy RC-17-01-04, documentation related to behaviours for two residents was accurate.

In accordance with O. Reg. 246 / 22, s. 11 (1) (b), the licensee is required to ensure that resident monitoring and internal reporting protocols in place for residents exhibiting responsive behaviours, are complied with.

Specifically, two residents had incidents of a physical altercation on two different dates. Documentation completed by Personal Support Workers (PSWs) on Point of Care (POC) documentation system indicated that both residents did not exhibit any responsive behaviours. Inaccurate documentation is therefore non-compliant with the home's responsive behaviours policy.

Sources: POC documentation for two residents, Responsive Behaviours Policy RC-17-01-04, interview with Nursing Supervisor.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246 / 22, s. 102 (2).

1. The licensee has failed to ensure that the Infection Prevention and Control (IPAC) standard issued by the Director was followed by the Registered staff related to the hand hygiene program.

Specifically related to the lunch hour medication preparation and administration on a specified date by a Registered Practical Nurse (RPN) and a Registered Nurse (RN) who were observed not performing any hand hygiene as required.

Sources : Observations, interviews with RPN and RN.

2. The licensee has failed to ensure that the Infection Prevention and Control (IPAC) standard issued by the Director for donning and doffing audits was followed; specifically under Additional Recommended Standard 2.1 which states:
The licensee shall ensure that the Infection Prevention and Control Lead conducts at a minimum, quarterly real-time audits of specific activities performed by staff in the home, including but not limited to, hand hygiene, selection and donning and doffing of Personal Protective Equipment.

During an interview with the IPAC Lead, they stated that the licensee does not practice the required donning and doffing audits.

Sources: Interview with IPAC Lead, Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes - April 2022.

3. The licensee has failed to ensure that the Infection Prevention and Control (IPAC) standard issued by the Director for was followed ; specifically under Additional Recommended Standard 4.3 which states:
The licensee shall ensure that following the resolution of an outbreak, the Outbreak Management Team and the interdisciplinary IPAC team conduct a debrief session to assess IPAC practices that were effective and ineffective in the management of the outbreak. A summary of findings shall be created that makes recommendations to the licensee for improvements to outbreak management practices.

During an interview with the IPAC Lead, they stated that the licensee had not conducted debrief sessions post outbreaks.

Sources: Ontario Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022, interview with IPAC Lead.

WRITTEN NOTIFICATION: Mandatory Reporting

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 115 (5) 4. ii.
Reports re critical incidents
s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:
4. Analysis and follow-up action, including,
ii. the long-term actions planned to correct the situation and prevent recurrence.

The licensee has failed to ensure the analysis and follow-up action was reported to the Director following the licensee's internal investigation on a resident incident involving a ceiling lift.

Nursing Supervisor acknowledged and confirmed that no updates to the Critical Incident had been submitted to finalize the report.

Sources: CI# M529-000077-24, interview with Nursing Supervisor.

WRITTEN NOTIFICATION: Medication Management

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 138 (1) (a) (ii)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(ii) that is secure and locked,

The licensee has failed to ensure that the medication cart was locked. On a specified date, a medication cart was observed to be left unattended and unlocked in the hallway adjacent to the elevators on a specified floor.

Sources: Inspector observations.

WRITTEN NOTIFICATION: Annual Training

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 260 (1)
Retraining
s. 260 (1) The intervals for the purposes of subsection 82 (4) of the Act are annual intervals.

The licensee has failed to ensure that a training and orientation program for the home has been developed and implemented to provide that training and orientation required under section 82 of the Act, specifically related to Infection Prevention and Control (IPAC).

As per FLTCA, s. 82 (2) 9, orientation training is to be provided to staff before they begin performing their responsibilities in the area of IPAC. As per O. Reg. 246 / 22, s. 259 (2), the orientation training is to include the following eight specified topics - hand hygiene; modes of infection transmission; signs and symptoms of infectious diseases; respiratory etiquette; what to do if experiencing symptoms of infectious disease; cleaning and disinfection practices; use of personal protective equipment including appropriate donning and doffing; and handling and disposing of biological and clinical waste including used personal protective equipment.

As per O. Reg. 246 / 22, s. 260 (1), staff are to be retrained annually in the eight specified areas.

A review of the licensee's training and orientation program included three of the eight required topics in 2023 and four of the eight required topics in 2024.

Sources: Record review Surge Learning training modules, interviews with PSWs, IPAC Lead, and RN.

COMPLIANCE ORDER CO #001 Maintenance services

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246 / 22, s. 96 (2) (a)
Maintenance services
s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall :
A) Prepare a written Preventative Maintenance schedule and implement the schedule for all ceiling lifts. The schedule should contain the actions taken for ceiling lifts that do not pass in house inspection.
B) Provide training to all maintenance employees to ensure that the preventative schedule for ceiling lifts is maintained.

A written record will be kept of everything required under section (A) and (B) until the Ministry of Long Term Care complies this order.

Grounds
The licensee has failed to ensure a preventative maintenance schedule was in place for ceiling lifts in the home.

On a specified date, a resident had sustained a fracture requiring transfer to the hospital following a malfunction with a ceiling lift. Support Services Supervisor acknowledged that the licensee should have had a preventative maintenance schedule for ceiling lifts and confirmed that the licensee does not have such a schedule. They stated that the only preventative maintenance was the annual schedule performed by the contractor.

As such, not having a licensee preventative maintenance schedule in place for ceiling lift equipment, potentially increases the risk for other resident injuries.

Sources: CIS report, interview with Support Services Supervisor, Hill Rom inspection reports.

This order must be complied with by November 29, 2024

NOTICE OF RE-INSPECTION FEE Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021,the licensee is subject to a re-inspection fee of $500.00 to be paid within 30 days from the date of the invoice.
A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s.

155 of the FLTCA, 2021, and / or s. 153 of the LTCHA, 2007.
Re-Inspection Fee applicable due to second follow-up inspection for CO #002 and #003 from inspection 2023-1551-0004.

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

REVIEW / APPEAL INFORMATION

TAKE NOTICEThe 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

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
Toronto, ON, M5S 1S4

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

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.