

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: April 30, 2025

Inspection Number: 2025-1551-0002

Inspection Type:

Proactive Compliance Inspection

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 date(s): April 15, 16, 17, 22, 23, 24, 25, 28, 29, 2025

This is a modified Public Inspection Report: The modification addresses the omission of the inspection type in the heading of the report. The inspection type is a Pro-Active Compliance Inspection (PCI).

The following intake was inspected:

Pro-Active Compliance Inspection (PCI)

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Safe and Secure Home
- Infection Prevention and Control

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Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

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

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee has failed to seek the advice of the Residents' Council in acting on the results of the Resident and Family/Caregiver Experience Survey. One of the representatives of the Residents' Council confirmed that the home did not seek the advice of the council in acting on the survey results. A specific staff member confirmed that the licensee consulted the council in the creation of the survey, however, the council's advice was not sought in acting on the survey results.

Sources: Residents' Council Meeting Minutes for the past 12 months, interviews with the Residents' Council Representative, and the Social Worker.

WRITTEN NOTIFICATION: Powers of Residents' Council

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to respond to the Residents' Council within ten (10) days in writing after concerns or recommendations were brought forward.

A representative of the Resident's Council confirmed that the council has brought forward concerns to the licensee, however, the council has not received any written responses in relation to the concerns brought forward. A specific staff member also confirmed that the Administrator signs off on the meeting minutes and do action the concerns, however, they do not provide a written response to the concerns brought forward by the council.

Sources: Residents' Council Meeting Minutes for the past 12 months, interviews with the Residents' Council Representative, and the Social Worker.

WRITTEN NOTIFICATION: Powers of Family Council

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

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The licensee has failed to respond to the Family Council within ten (10) days in writing after concerns or recommendations were brought forward.

Family Council representative confirmed that the council has brought forward concerns to the licensee, however, the council has not received any written responses in relation to the concerns brought forward. A specific staff member also confirmed that the Administrator signs off on the meeting minutes and do action the concerns, however, they do not provide a written response to the concerns brought forward by the council.

Sources: Family Council Meeting Minutes for the past 12 months, interviews with the Family Council Chair, and Social Worker.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the temperature in the home is maintained at a minimum of 22 degrees Celsius. A review of the Weekly Temperature Log indicated on multiple days during a specified time period temperatures were found to be below 22 degrees Celsius in specific areas within the home.

Sources: Weekly Temperature Log, interview with the Support Services Supervisor.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (2) 2.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.

The licensee has failed to measure and document in writing the temperatures in a common area on a specific resident home area between two specific time periods in 2024.

Sources: Weekly Temperature Log, interview with the Support Services Supervisor

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

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The licensee has failed to keep a written record of the home's annual staffing evaluation for 2024 that includes the date of the evaluation, the names of the persons who participated in the evaluation.

Sources: Interview with the Administrator,
November_2024_Staffing_Plan_GSDL_2025_1151_0002

WRITTEN NOTIFICATION: Infection prevention and control program

NC #007 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).

The licensee failed to ensure that a standard issued by the Director with respect to infection prevention and control was implemented, in accordance with section 9.1 (a) under the "Infection Prevention and Control Standard for Long Term Care Homes" (IPAC Standard), April 2022, last revised September 2023.

Specifically, the licensee failed to ensure that Additional Precautions are followed in the IPAC program. As per the IPAC Standard, at minimum Additional Precautions shall include: a) Evidence-based practices related to potential contact transmission and required precautions.

A specific resident had a contact precautions sign posted on their door, however, during an interview, a specific PSW staff confirmed that direct care staff do not don

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personal protective equipment (PPE) when providing direct care to the resident. A specific staff member confirmed the staff are expected to don appropriate PPE when providing care to any residents who are on additional precautions and have signage on their door to indicate additional precautions.

Sources: Inspector observations, specific resident's electronic and physical health records, interviews with PSW and interim IPAC lead.

WRITTEN NOTIFICATION: Annual evaluation

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 125 (1)

Annual evaluation

s. 125 (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

The licensee has failed to ensure the interdisciplinary team included the participation of the Medical Director and a registered dietitian during the annual evaluation of the home's medication management system for 2024.

Sources: Interview with Chief Nursing Officer , Email sent on a specific date identifying the members of the interdisciplinary team that participated in the 2024 program evaluation.