

**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

## Amended Public Report Cover Sheet (A1)

**Amended Report Issue Date:** May 15, 2025

**Original Report Issue Date:** March 13, 2025

**Inspection Number:** 2025-1551-0001 (A1)

**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

## AMENDED INSPECTION SUMMARY

This report has been amended to:

include the sources of information, which had not previously been identified in the inspection report, that support non-compliance (NC) #007 - a written notification (WN), related to O. Reg. 246/22, s. 108 (1) 1, issued on March 13, 2025. The amendment was made on May 15, 2025.

CO #001 was also amended to include a change in wording.

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## INSPECTION SUMMARY

The inspection occurred on the following date(s): January 15, 16, 17, 20, 21, 22, 23, 24, 27, 28, 2025, February 3, 4, 7, 10, 20, 21, 26, 27, 28, 2025 and March 3, 4, 5, 6, 2025

The following intake(s) were inspected:

· Intake: #00128527 - Follow-up #: 1 - FLTCA, 2021 - s. 82 (7) - related to additional training of direct care staff,

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- Intake: #00128530 - Follow-up #: 1 - FLTCA, 2021 - s. 5 - related to safe and secure environment,
- Intake: #00128531 - Follow-up #: 1 - FLTCA, 2021 - s. 6 (4) (b) - related to plan of care,
- Intake: #00130880 - Follow-up #: 1 - O. Reg. 246/22 - s. 96 (2) (a) - related to preventative maintenance,
- Intake: #00133508 - related to alleged physical abuse and neglect of a resident by staff,
- Intake: #00136067 - related to alleged physical abuse of a resident by staff,
- Intake: #00133639 - related to the safe storage of drugs,
- Intake: #00134493 - related to the availability of resident care equipment,
- Intake: #00134506 and #00135358 - related to an outbreak of a disease of public health significance or communicable disease,
- Intake: #00134590 and #00135779 -- related to alleged physical abuse of a resident by a resident,
- Intake: #00134724 - related to multiple care concerns, nutrition, and staffing,
- Intake: #00135646 - related to care and infection prevention and control concerns,
- Intake: #00136254 - related to staffing and medication management; and,
- Intake: #00136315 - related to staffing concerns.

**Previously Issued Compliance Order(s)**

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

Order #006 from Inspection #2024-1551-0004 related to FLTCA, 2021, s. 82 (7)

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Order #002 from Inspection #2024-1551-0004 related to FLTCA, 2021, s. 5

Order #003 from Inspection #2024-1551-0004 related to FLTCA, 2021, s. 6 (4) (b)

Order #001 from Inspection #2024-1551-0005 related to O. Reg. 246/22, s. 96 (2) (a)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Medication Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Safe and Secure Home
- Whistle-blowing Protection and Retaliation
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Staffing, Training and Care Standards
- Admission, Absences and Discharge

## AMENDED 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 (1) (a)**

Plan of care

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s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident;

The licensee has failed to ensure that there is a written plan of care that sets out the planned care for a resident.

In an interview, interventions were discussed related to the resident's responsive behaviours, that were not a part of the resident's written plan of care.

Sources: Resident's health care records, including the written plan of care and staff interview

## **WRITTEN NOTIFICATION: Policy to promote zero tolerance**

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

**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that the home's written policy titled Zero Tolerance of Abuse and Neglect Program, RC-02-01-01, was complied with. Specifically, the policy statement on page one of this policy stated "Anyone who witnesses or suspects abuse or neglect of a resident by another resident, staff or other person must report the incident immediately. The report may be made to the home and/or external authorities. At minimum, any individual who witnesses or

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suspects abuse or neglect of a resident must notify management or registered nursing staff immediately." After one staff member witnessed alleged abuse of a resident by another staff member, they did not notify the registered staff immediately.

Sources: Policy titled Zero Tolerance of Abuse and Neglect Program - RC-02-01-01, a critical incident report, internal investigation documents and staff interview

**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 (1) (a) (ii)**

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(ii) neglect of a resident by the licensee or staff, or

The licensee has failed to ensure that the alleged neglect of a resident by staff was investigated immediately.

An employee of the long-term care home notified various members of the long-term care home leadership team of an allegation of neglect of a resident. Over the course of the inspection, members of the leadership team indicated that in responding to the allegation, the focus had been on the care that would be provided to the resident going forward only.

Sources: a review of records including electronic health care records belonging to

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the resident, relevant records of email correspondence and a related internal complaint form; and, interviews with staff, including members of the leadership team

**WRITTEN NOTIFICATION: Reporting certain matters to the Director**

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

**Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that when a person had reasonable grounds to suspect neglect of a resident by staff that resulted in a risk of harm, the suspicion and the information upon which it was based was reported to the Director.

An employee of the long-term care home indicated that they believed there to be reasonable grounds to suspect neglect of a resident when an allegation was reported to them. The allegation of neglect was immediately reported to members of the leadership team, but was not reported to the Director under the Fixing Long-term Care Act, 2021.

Sources: health care records belonging to the resident, including progress notes; interviews with staff, including members of the leadership team

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

**Ottawa District**

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## WRITTEN NOTIFICATION: Required programs

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

**Non-compliance with: O. Reg. 246/22, s. 53 (2) (b)**

Required programs

s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,

(b) provide for assessment and reassessment instruments. O. Reg. 246/22, s. 53 (2).

The licensee has failed to ensure that assessment and reassessment instruments provided for under the required skin and wound care program were implemented.

In accordance with Ontario Regulation 246/22, section 11 (1) (a) and (b), the licensee was required to ensure that assessment and reassessment instruments that were provided for under the required skin and wound care program were implemented in accordance with the policies of the skin and wound care program.

Specifically, registered nursing staff failed to implement the Head to Toe Skin Assessment, in accordance with the policy titled *Skin and Wound Program: Prevention of Skin Breakdown* (RC-23-01-01), when they did not assess a resident using the Head to Toe Skin Assessment tool at any time in the last year.

Sources: hard copy and electronic health care recordings belonging to the resident, including a review of skin and wound assessments and progress notes; relevant policies, including policy #RC-23-01-01 titled *Skin and Wound Program: Prevention of Skin Breakdown* ; and interviews with registered nursing staff and a member of the leadership team

## WRITTEN NOTIFICATION: Infection prevention and control



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## program

NC #006 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 has failed to ensure that the Infection Prevention and Control Standard (April, 2022) (IPAC Standard), issued by the director, was implemented.

Specifically, staff failed to implement Additional Requirement 10.4 (h) of the IPAC Standard when they failed to support multiple residents to perform hand hygiene prior to receiving their meal.

Sources: observations of the inspector; and interviews with staff

## WRITTEN NOTIFICATION: Dealing with complaints

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.**

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but

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not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The licensee has failed to ensure that a verbal complaint made to the licensee regarding an allegation of neglect received a response letter within 10 business days of receipt of the complaint.

Sources: interview with DOC #103 and no record of response letter.

## **WRITTEN NOTIFICATION: Medication management system**

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

**Non-compliance with: O. Reg. 246/22, s. 123 (2)**

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to ensure the home's written policy for accurate storage of controlled medications were complied with. Per Ontario Regulation s. 246/22 s 11 (1) b., the home must have written policies for the accurate storage of medications, and that staff comply with these policies. Specifically, the licensee has failed to ensure that the home's policy for the accurate storage and accounting of a controlled medication in the emergency drug supply was complied with specific to the counting of the medication at each shift. Per the home's policy, nurses must perform the count once per shift. On a specific date, the required count was performed by a registered nurse with another employee of the long-term care home, who does not have a nursing professional designation.

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Sources:

Interviews with staff, including a member of the registered nursing staff, and members of the leadership team

The relevant Count Sheet;

The home's policy: Narcotics, Controlled and Targeted substances.

## **WRITTEN NOTIFICATION: Safe storage of drugs**

NC #009 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 drugs are stored in a medication cart that is secure and locked.

It was reported that a medication cart had been observed to be unsupervised, with the bottom drawer open and unlocked during a specific shift. This incident was confirmed by a registered nurse in an interview.

Sources: Interviews with a resident's family member and a member of registered nursing staff

## **WRITTEN NOTIFICATION: Administration of drugs**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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**Ottawa District**

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**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee has failed to ensure that drugs were administered to a resident in accordance with the directions for use specified by the prescriber.

The resident received an ongoing therapy without an order prescribed by the medical doctor for a period of over three weeks, as confirmed by a member of registered nursing staff.

Sources: Resident's health records, including medication orders and progress notes, observations of the resident, and interview with a member of registered nursing staff

**COMPLIANCE ORDER CO #001 Infection prevention and control program**

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 23 (2) (a)**

Infection prevention and control program

s. 23 (2) The infection prevention and control program must include,  
(a) evidence-based policies and procedures;

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

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1) Review the licensee's existing policies and/or procedures related to a transmissible skin condition for the purpose of ensuring clarity, and consistency in the implementation of those policies and/or procedures.

2) The review required under step (1) must be completed by an interdisciplinary group that includes, at a minimum, a member of registered nursing staff, the Medical Director, Director of Care, and Infection Prevention and Control Officer.

2) The review required under step (1) must be completed with consideration of:

- the meaning of resident "contacts" in the context of the management of a transmissible skin condition,
- strategies for the monitoring of other residents residing in affected areas of the home for signs and symptoms of the skin condition,
- considerations for the use of prophylactic treatment,
- potential sources of re-infestation, including resident wheelchairs, and ways of mitigating the associated risk of re-infestation; and,
- environmental and other home specific factors that may be relevant in ensuring effectiveness of treatment and management protocols.

3) If, on review of the policies and/or procedures related to the transmissible skin condition, it is determined that changes/improvements are required, then the relevant policies and/or procedures must be updated accordingly; and, the changes must be implemented.

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A written record must be kept of all steps required under this compliance order. Records must include dates of the review, participant names, identified changes or improvements, and updates to the relevant policies and/or procedures.

**Grounds**

The licensee has failed to ensure that a policy of the infection control program was implemented.

In accordance with Ontario Regulation 246/22, s. 11 (1) (b), the licensee was required to ensure that the policies and procedures of the infection prevention and control program were implemented.

Specifically, a policy related to the management of a transmissible skin condition, which was part of the long-term care home's infection prevention and control program, was not implemented when the skin condition was suspected of being present in the home.

Residents who were affected, and those who were at risk of being affected, were not treated at the same time. One resident's treatment was not initiated until five weeks later.

Sources: a review of resident health care records and a policy related to the management of the transmissible skin condition; and interviews with staff including, a personal support worker, and registered nursing staff.

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This order must be complied with by April 21, 2025

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**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE** The 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3



**Ministry of Long-Term Care**

Long-Term Care Operations Division  
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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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:

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Long-Term Care Inspections Branch

**Ottawa District**

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).