

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: November 14, 2025

Inspection Number: 2025-1551-0005

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 date(s): October 28-31, 2025 and November 3-7, 12-13, 2025

The following intake(s) were inspected:

Critical Incidents (CI)

- Intake: #00152365 - related to Outbreak
- Intake: #00158311 - related to Improper/ Incompetent treatment of a resident by Staff
- Intake: #00158908 - related to an injury to a resident

Complainant

- Intake: #00158201 related to alleged neglect of a resident by staff

Follow-up

- Intake: #00155275 - related to falls prevention and management program
- Intake: #00155277 - related to skin and wound care program

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- Intake: #00155278 - related to IPAC environmental cleaning
- Intake: #00155279 - related to IPAC - outbreak management

Previously Issued Compliance Order(s)

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

- Order #001 from Inspection #2025-1551-0003 related to O. Reg. 246/22, s. 53 (1) 1.
- Order #002 from Inspection #2025-1551-0003 related to O. Reg. 246/22, s. 54 (2)
- Order #003 from Inspection #2025-1551-0003 related to O. Reg. 246/22, s. 55 (2) (b) (i)
- Order #004 from Inspection #2025-1551-0003 related to O. Reg. 246/22, s. 272
- Order #001 from Inspection #2025-1551-0001 related to FLTCA, 2021, s. 23 (2) (a)

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

- Skin and Wound Prevention and Management
- Medication Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Pain Management
- Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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 care set out in a resident's plan of care was not provided to the resident as specified in the plan related to the care of two wounds on specified care days.

The resident's plan of care directed staff to provide a specified care to the resident until their wounds healed. An identified procedure was to be followed during the specified care and a registered staff was to be notified to complete the wound treatment immediately.

Contrary to direction in the resident's plan of care, the resident continued to receive another care for a period of two months. Three staff members indicated that they did not follow the plan of care on a consistent basis.

Sources: relevant health care recordings belonging to the resident, including point of care (POC) documentation; and interviews with staff members.

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident

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under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The weekly reassessments of a resident's wounds were not fully documented on a consistent basis by the registered nursing staff who completed the assessments for a period of two months .

Sources: a relevant health care records belonging to the resident, including skin and wound evaluations and progress notes; and interviews with staff members.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

A resident exhibiting altered skin integrity, including skin breakdown, had not received a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

The resident had two identified altered skin integrity. The resident's health record did not identify a completed skin assessment related to both skin breakdown for an

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identified period.

Sources: Resident's health record including progress notes, skin assessment record.
Interview with a staff member.

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (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:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

A specified beverage was served at a temperature that was both unsafe and not palatable to a resident. A day in September 2025, during meal service a resident with severe cognitive impairment, was served the specified beverage at unsafe temperature, which spilled causing injury to the resident. The specified beverage temperature reading at point of service was 82.2 degrees Celsius (°C). For safety and flavor the Best Practice is to serve the beverage around 60 °C–65 °C.

Sources: Inspector's observation. Review of the resident's Minimum Data Set (MDS) assessment, progress notes. Interview with staff members.

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)

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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).

A- Five staff members were observed being in contact with multiple residents and their environment during a meal and a snack service, and recreational activities. They did not perform hand hygiene after being in contact with each residents/resident environment as per the four moments of hand hygiene.

Sources: Inspector's observation. Interviews with staff members.

B-1. A resident was placed on additional precautions due to respiratory symptoms. A signage for droplet and contact precautions was noted at the resident's door. Three staff members were observed entering the resident's room without gown, eye protection, N95, and face shield as per requirements on the signage.

B-2. Two staff members after providing specified care to a resident, removed their gown and gloves, and without performing hand hygiene they removed their surgical mask.

B-3. A resident was placed in additional contact precaution. A staff member after providing a specified care, was observed walking to the end of the hallway to dispose of the soiled PPE. A disposal bin for soiled PPE was not available inside or outside the resident's room.

Sources: Inspector's observation. Interviews with staff members.

WRITTEN NOTIFICATION: Infection prevention and control

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The symptoms indicating the presence of an identified infection in two residents were not recorded consistently on every shift during a period in November 2025.

Sources: Review of the residents' health record, line lists. Interview with a staff member.

WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

An identified registered staff did not follow the written policies and protocols developed for the home's medication management system related to medication administration when they prepared medications for multiple residents on a specified date. Furthermore, they did not observe the identified resident for the ingestion of the medication.

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Sources: Interview with staff members. Review of the Home's Medication Incident Report.

WRITTEN NOTIFICATION: Administration of drugs

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

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).

A specified medication was not administered to a resident in accordance with the directions for use specified by the prescriber.

In September 2025, a resident did not receive the physician's order for the specified medication scheduled in the morning prior to the specified care. A resident received the prescribed medication three hours prior to the scheduled time by a registered staff.

Sources: A resident's health records including medication administration record (MAR), progress notes, physician's order and Home's Medication Incident report.

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

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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.

Follow-up #02 - CO #001/2025-1551-0001, FLTCA, 2021 - s. 23 (2) (a) - CDD April 21, 2025, RIF \$500

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.