

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Rapport d'inspection prévue  
sous *la Loi de 2007 sur les foyers  
de soins de longue durée*

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 6, 2019	2019_583117_0039	008064-19, 008829-19	Complaint

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**Licensee/Titulaire de permis**

Corporation of the City of Cornwall  
360 Pitt Street CORNWALL ON K6J 3P9

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

Glen-Stor-Dun Lodge  
1900 Montreal Road CORNWALL ON K6H 7L1

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

LYNE DUCHESNE (117), LISA KLUKE (547)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): This inspection was conducted on the following date(s): June 10,11,12,13,14,17,18,19,20,21, and July 3,4,5, 2019**

**This inspection included two complaints log #008829-19 and #008064-19 related to insufficient staffing.**

**Critical Incident inspection #2019\_621547\_0002 was conducted concurrently during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Manager for Quality, a Secretary, The Educator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), family members and residents.**

**In addition the inspector reviewed the Licensee current nursing staffing plan, nursing staffing rosters for February, March and April 2019, the Licensee's policies and procedures:**

**Mechanical Lifting and Transferring, Lift Hygiene Chair, The Alenti Operating and Product Care Instructions. The inspector reviewed resident health care records, observed the resident care environments, resident to resident and staff to resident interactions and resident care.**

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

**Personal Support Services  
Sufficient Staffing**

**During the course of this inspection, Non-Compliances were issued.**

**4 WN(s)**

**4 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services**

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

**s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there is at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there is an allowable exception to this requirement.

Glen-Stor-Dun Lodge, has a staffing pattern that includes two registered nurses (RNs) in the building on day shift and one RN in the building on the night shift; each shift is for a 12 hour period, 0600 hours to 1800 hours and 1800 hours to 0600 hours.

The nursing staffing schedule for the period of review of February, March and April 2019 was reviewed by inspector #547 with Secretary #100 who is responsible for the electronic staffing system used by the home. Upon review of the staffing of registered nurses, it was determined that on the following dates the night shift did not have at least one registered nurse on duty and present in the home:

February 13, 17, 26;  
March 21; and  
April 18, 2019

Secretary #100 reported to inspector #547 that after verification, these absences were not related to any allowable exception to this requirement.

On June 18, 2019, the full time Charge RN #102 for day shift indicated having tried to obtain registered nurses for night shifts that required replacing by calling the RNs at home. Once these lists of calls are exhausted, the Charge RN is responsible to call the contract agency to attempt to fill these shifts. The Charge RN indicated if they are unable to have these shifts filled, they are directed to inform the home's Director of Care (DOC) via telephone call for further direction.

The staffing pattern and the back up plan used to ensure 24/7 RN coverage was reviewed with Secretary #100 and the DOC; it was determined that the current back up plan was followed in the instances identified above. The DOC indicated to inspector #547 having been made aware by phone call from the Charge RNs of these gaps in registered nursing coverage for this period. The DOC implemented calling several RNs directly and was unable to obtain any RN. The DOC then called in a Registered Practical Nurse (RPN) to cover these shifts and aware that this was the previous process for lack of RN coverage prior to the previous compliance order. The DOC indicated despite having the

contract nursing agency staff, the night shift hours remains a problem.

As such, the staffing plan currently in place in the home was not followed, and the five shifts during this three-month period were not covered by any registered nurse, as required by this section. [s. 8. (3)]

***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 there is at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times unless there is an allowable exception to this requirement, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**

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

**s. 31. (3) The staffing plan must,**

**(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**

**(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**

**(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**

**(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**

**(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the staffing plan included a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work including 24/7 RN coverage.

The Licensee's staffing pattern provided by Secretary #100 identified a specified need for Personal Support Workers (PSWs), and Registered Nurses (RNs) required to address care needs of residents in the home. The Administrator provided inspector #547 the current staffing plan utilized in the home based on the Human Resource Plan 2015-2018 that was the current plan in place. Page five of this document identified a staffing plan for nursing and personal support services set out to meet the needs of the residents. The back-up plan identified they had a number of back-up strategies to address situations when staff cannot come to work. Despite having these strategies in place, the Licensee failed to provide residents' assessed care needs and provide 24/7 RN coverage as required over the period of review from February, March and April 2019.

WN # 01 identified in this report that five (5) night shifts with no RN coverage as required under the Long-Term Care Homes Act 2007, s. 8 (3) during this period. The back up plan was not successful in addressing the need when RN staff could not come to work.

WN # 03 identified in this report that 5/6 residents reviewed on the dementia unit did not receive two baths weekly as required during this review period. Two complaints identified issues related to residents not being bathed as required related to lack of PSW staffing needs for residents' assessed care. Interviews with nursing staff identified staffing issues with ongoing challenges in order to provide residents' assessed care needs on the dementia unit. The nursing staff further indicated that there was no back-up plan in order to ensure these baths were provided twice weekly as required. The DOC indicated the PSW back up plans were further developed after this inspection with strategies to ensure all residents received two baths weekly.

As such, the Licensee staffing plan failed to include back-up plans for nursing and personal care staffing that addressed situations when staff cannot come to work. [s. 31. (3)]

***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 the staffing plan included a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work including 24/7 RN coverage, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing  
Specifically failed to comply with the following:**

**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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident is bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

On a specified date in 2019, a complaint log #008064-19 was received by the Ministry of Long-Term Care (MLTC) regarding insufficient staffing in the home that affected resident care. The complainant indicated that the nursing staff kept calling in sick and a resident had gone seven days without being bathed. The complainant reported to inspector #547 that the resident had missed several baths in the current year related to shortages of Personal Support Workers (PSW).

Eight (8) days later, a complaint log #008829-19 was received by the Ministry of Long-Term Care (MLTC) regarding insufficient staffing in the home that affected resident care and 24/7 Registered Nursing (RN) coverage requirements. The complainant indicated to inspector #547 that the home had a severe shortage of staff over the winter months of 2019. The complainant further indicated that when the units are short staffed with PSW's, the resident baths are cancelled and noted in some cases that certain residents had

missed baths three and four times in a row. The complainant indicated this mainly occurred on the dementia floor in the home. The complainant then indicated a second issue related to lack of night RN coverage in the home.

PSW #101 and #104 indicated to inspector #547 that the home's staffing coverage continued to be a problem. They indicated the residents' baths are cancelled for safety during those short shifts. They indicated the PSW's document baths that are provided on the PSW/HCA Skin Checklist and report to the charge nurses at the end of shift, the residents that missed baths related to staffing levels.

RN #103 indicated the PSW staff will report to them at the end of shifts if baths have been missed and the registered nursing staff document this in the 24-hour shift report that goes to the DOC the following morning. RN #103 indicated that unless they are able to obtain extra staff to complete these baths, they are forgotten, as the next days PSW staff have to deal with a new schedule of resident baths.

The full-time day shift charge RN #102 indicated the residents' baths are documented on the PSW/HCA Skin Checklists only when they are completed. RN #102 further indicated that when the nursing units are short staffed for Personal Support Workers (PSW), the PSW's do not provide the resident baths as per the identified schedule. Residents in the home are supposed to be scheduled for two baths weekly. The registered nursing staff on every floor is responsible to indicate the residents with missed baths on the 24-hour shift report, that is sent to the DOC every morning.

Inspector #547 conducted a review of the following resident health care records for bathing during the period of February, March and April 2019:

Resident #002's plan of care indicated the resident is to be bathed on Wednesday and Sundays weekly. Upon review of the PSW/HCA Skin Checklists for resident #002's bathing schedule for this period, the resident should have received 24 baths during this period. It was noted that resident #002 received 15 baths during this three-month period with gaps of seven days or longer, up to 10 days, between baths. [s. 33. (1)]

2. Resident #003's plan of care indicated the resident is to be bathed on Tuesday and Fridays weekly. Upon review of the PSW/HCA Skin Checklists for resident #003's bathing schedule for this period, the resident should have received 26 baths during this period. It was noted that resident #003 received 15 baths for this three-month period with gaps of seven days or longer, up to 10 days, between baths. [s. 33. (1)]



3. Resident #006's plan of care indicated the resident is to be bathed on Tuesday and Fridays weekly. Upon review of the PSW/HCA Skin Checklists for resident #006's bathing schedule for this period, the resident should have received 26 baths during this period. It was noted that resident #006 received 17 baths for this three-month period with gaps of six days or longer up to 11 days, between baths. [s. 33. (1)]

4. Resident #005's plan of care indicated the resident is to be bathed on Tuesday and Saturdays weekly. Upon review of the PSW/HCA Skin Checklists for resident #005's bathing schedule for this period, the resident should have received 26 baths during this period. It was noted that resident #005 received 22 baths for this three-month period with gaps of seven days or longer, up to 11 days, between baths. Resident #005's checklist documented on a specified day in 2019, "no baths work short" as reason for no bath that day as required. [s. 33. (1)]

5. Resident #004's plan of care indicated the resident is to be bathed on Monday and Fridays weekly. Upon review of the PSW/HCA Skin Checklists for resident #004's bathing schedule for this period, the resident should have received 26 baths during this period. It was noted that resident #004 received 23 baths for this three-month period with gaps of seven days between baths. Resident #004's checklist documented on a specified day in 2019, "Short no baths" as reason for no bath that day as required.

As such, residents #002, #003, #004, #005 and #006 of six resident health care records reviewed for bathing needs during this period, were not bathed twice weekly as required in this section. [s. 33. (1)]

***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 the resident is bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

This area of non-compliance was issued related to unsafe transferring techniques related to the use of the homes Alenti lift and hygiene chair known in the home as the tub chair.

Resident #007 indicated to inspector #547 the nursing staff used the tub chair for all baths as the tubs are too high to step in, and they have to use this chair. Resident #007 indicated that the resident only required one staff assistance for baths as the resident is very capable to wash their self once in the tub. Resident #007 indicated the staff member is required to work the electronics of the tub chair to lift the resident up and into the bathtub. Resident #007 indicated that there has never been two nursing staff members present during these bath tub transfers. [s. 36.]

2. Resident #008 indicated to inspector #547 that nursing staff use the tub chair to get the resident in and out of the tub for bathing. The resident indicated only requiring one staff member for bath assistance, including using the tub chair to get into baths. The resident indicated the use of the tub chair is used for all residents taking tub baths in the home. Resident #008 indicated that there has never been two nursing staff members present during these bath tub transfers. [s. 36.]

3. Resident #009 indicated to inspector #547 that nursing staff help the resident to get in and out of the tub for bathing. Resident #009 only needed one staff assistance with the tub chair. Resident #009 indicated that there has never been two nursing staff members present during these bath tub transfers.

On June 28, 2019 PSW #106 indicated to inspector #547 to have worked in the home for the last 25 years. PSW #106 indicated that residents that require one person or no staff members assistance for transfers, would only require one staff assistance with the Alenti tub chair. PSW #106 indicated that all lifts in the home require two staff assistance for

transfers, however the Alenti was not considered a lift to their knowledge.

On July 3, 2019 the home's Educator indicated the Alenti tub chairs used in all tub rooms in the home approximately since 2012. Upon review of the manufacturer's instructions, the Alenti lift and hygiene chair should be considered a lift. The Educator indicated upon review of documentation of education provided annually to nursing staff did not specify that the Alenti tub chair was a lift in the home. The Educator further indicated the nursing staff likely followed the pictograms on the manufacturers instructions in the tub rooms that demonstrate one-person assistance in these instructions but are to refer to the home's lift and transfers policies for lifts

The home's Educator provided Inspector #547 the home's Health and Safety Program No Manual Lift Policy #HS-O-110 revised by the Administrator September 22, 2014 as standards use of lifting and transferring aid/device or aid for every lift, transfer, repositioning and ambulatory manoeuvre. Procedure #4 indicated lifting equipment and transferring aids or devices include tub/spa lift. The Mechanical lift specified two caregivers required. The Educator indicated that the home will review this with all nursing staff in the home of the need for two-person transfer with all residents that require use of the Alenti lift bath chair.

As such, nursing staff in the home do not use two staff members when using the Alenti tub chair lift for residents when assisting them in and out of the tub as required. [s. 36.]

***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 staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.***

**Issued on this 6th day of September, 2019**

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

**Original report signed by the inspector.**