

GLEN STOR DUN LODGE
Family Council
Thursday Oct. 9, 2025
1:30 p.m. (Location: GSDL Library)
- MEETING MINUTES -

Attendance: Brian Leroux, Connie Bogle, Trudy King-Brazeau, Heather Lariviere, Mike Beaudin, Julie Lefebvre, Brigitte Lefebvre-Malyon, Carole Snider, Suzanne Fishwick, Francois Allard, Monique Lapierre

Chair of Meeting: Alison Bateman

Guests: Monty Domingo (Deputy Administrator of Operations), Maarit Fernburg (Building Service Supervisor)

Regrets: Linda Blanchard, Frances Whaley, Tony Rossini, Luc Guindon

ITEMS	POINTS BROUGHT OUT	ACTION	To Do
Motion to begin meeting	All in favour		
1. Approval of Agenda	Approved by Heather and seconded by Brian		
2. Approval of Minutes from	Approved by Mike and seconded by Trudy		
3. Business arising from minutes			
a. Missed deadline of white boards	Unit whiteboards and Sept. 19 th deadline. Boards don't appear implemented.	FC concern form emailed to Admin. Oct. 10 th	
b. "Getting to Know Me"	"Getting to Know Me" resident info sheets outside of rooms initiated and then removed.		F/U with Activity Depart.
c. No response from concern form	No response from written concern to administrator on September 11/25 in regard to staffing the lobby office on weekends.	Included in Oct. 10/25 email to Admin.	

d. Staff RN coverage 24/7	<p><i>As per the Fixing the Long-Term Care Home Act, 2021</i>”:</p> <p>4. 24-hour nursing care</p> <p>5. (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.</p> <p>Agency RN appears to be replacing regular staff RN at times; leaving the building staffed with agency RNs only.</p>	FC concern form emailed to Admin. Oct. 10th	
6. New Business			
a. Flooring Project	<p>Invited guests, Monty Domingo and Maarit Fernburg, attended the meeting to discuss flooring project. Maarit explained the flooring plan project and delay due to the scabies outbreak in August and September 2025. It was difficult to confirm a start date with the contractor until the outbreak officially ended. Maarit and Monty each agreed communication was not optimal. There was confusion in regard to contacting the FC directly instead of going through former staff liaison. The staff liaison for the FC was discontinued by the administrator in June 2025. Maarit was unaware she could contact the FC Chair or Vice-chair directly. Moving forward, building service supervisor of administrator will contact the chair or vice-chair directly. FC is eager to help with any significant projects that may affect the residents</p> <p>All present agreed upon the importance of GSDL leadership collaborating with the FC for projects of this magnitude.</p> <p>Discussed the time notification for residents being re-located out of their rooms while their new flooring is installed. Monty and Maarit agreed with a 72-hour notification to POAs before the work is initiated after the current unit completed. This will allow POAs/family/friends who would like to assist their loved one during their temporary move the time to plan for it.</p>	No further action.	

<p>b. Amended Mar. 13/25 inspection report</p>	<p>Summary of MOH inspection report from Mar. 13/25 (inspections occurred on multiple dates in January, February, and March/25 in response to a combination of complaints, critical incident, and follow-up types and was amended May 15/25). There were 10 written notifications and 1 compliance order with deadline correction of April 21/25 below (not to be confused with Proactive inspection report issued April 30/25 reviewed at June 2025 FC meeting):</p> <ul style="list-style-type: none">• NC #001: Plan of Care (FLTCA, 2021, s. 6(1)(a)) - The home failed to ensure a written plan of care for a resident that outlined planned care. Interventions discussed were not part of the written plan, and behaviors were not addressed responsively.• NC #002: Policy to Promote Zero Tolerance (FLTCA, 2021, s. 25(1)) - The home's zero tolerance policy for abuse/neglect was not fully complied with. It included a statement requiring reports of abuse/neglect to the home or external authorities, but staff failed to notify registered staff immediately after witnessing alleged abuse.• NC #003: Investigate, Respond, and Act (FLTCA, 2021, s. 27(1)(a)(ii)) - The home failed to immediately investigate alleged neglect of a resident by staff. Leadership focused on care forward but not on immediate investigation.• NC #004: Reporting to the Director (FLTCA, 2021, s. 28(1)2) - The home failed to report suspected neglect to the Director when there were reasonable grounds. An allegation was reported internally but not to the Director.• NC #005: Required Programs (O. Reg. 246/22, s. 53(2)(b)) - The home failed to implement skin and wound care programs, including providing assessment/reassessment instruments. Registered nursing staff did not assess a resident's skin breakdown timely per policy.	<p>FC written concern form emailed to Admin. Oct. 10/25</p>	
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- **NC #006: Infection Prevention and Control Program** (O. Reg. 246/22, s. 102(2)(b)) - The home failed to implement the Infection Prevention and Control Standard (April 2022 IPAC Standard) issued by the Director, specifically additional hand hygiene requirements for residents before meals.
- **NC #007: Dealing with Complaints** (O. Reg. 246/22, s. 108(1)1) - The home failed to handle verbal complaints properly: investigate, resolve where possible, respond within 10 business days, and document allegations of harm/risk.
- **NC #008: Medication Management System** (O. Reg. 246/22, s. 123(2)) - The home failed to develop written policies/protocols for accurate medication storage, administration, destruction, and disposal. Emergency drug supply counting was not done per shift, and nurses lacked professional designation for counts.
- **NC #009: Safe Storage of Drugs** (O. Reg. 246/22, s. 138(1)(a)(ii)) - The home failed to ensure drugs in medication carts were secure and locked. A cart was observed unsupervised and unlocked during a shift.
- **NC #010: Administration of Drugs** (O. Reg. 246/22, s. 140(2)) - The home failed to administer drugs as prescribed. A resident received ongoing therapy without a prescriber's order for over three weeks.

COMPLIANCE ORDER:

- **CO #001: Infection Prevention and Control Program** (FLTCA, 2021, s. 23(2)(a); amended) - Non-compliance with evidence-based policies/procedures. The home failed to implement policies for managing transmissible skin conditions (e.g., delayed treatment for affected residents). The licensee must:

1. Review existing policies/procedures for transmissible skin conditions to ensure clarity and consistency.

	<p>2. Conduct an interdisciplinary review (including registered nursing staff, Medical Director, Director of Care, Infection Prevention and Control Officer) covering resident "contacts," monitoring strategies, prophylactic treatment, re-infestation risks, environmental factors, and treatment/management protocols.</p> <p>3. Update policies/procedures if changes are needed and implement them.</p> <ul style="list-style-type: none"> • Compliance deadline: April 21, 2025. • Grounds: A policy for transmissible skin conditions was not implemented when suspected in the home, leading to delayed treatment. <p>The report reveals persistent issues in infection control and medication management suggesting ongoing challenges at GSDL. The report appears to highlight failures in implementation e.g., policies not followed, standards not met.</p> <p>There was a scabby outbreak for several weeks over August/September 2025.</p>		
<p>c. Meeting minutes not up to date on website</p>	<p>FC meeting minutes last posted on the City of Cornwall website April 2025.</p>	<p>FC concern form emailed to Admin. On Oct. 10/25</p>	
<p>d. Wound care</p>	<p>Wound care issues continue with lack of timely assessments, reassessments, and communication to POAs when there is a significant change re: deteriorating wound.</p>		<p>Waiting for info</p>
<p>7. Other</p>			
<p>a.</p>			
<p>Next Meeting</p>	<p>Thursday November 13th, 2025</p>		
<p>Motion to end meeting</p>	<p>Motion seconded and meeting adjourned</p>		

Minutes taken by: Alison Bateman, Chair

Date: October 10, 2025

Reviewed by Administrator: *Cathy K*

Date: *Nov 19/25*