GLEN STOR DUN LODGE
Family Council
Wednesday, May 14th, 2025
1:30 p.m. (Location: GSDL Library & Virtual)
- MEETING MINUTES -

Attendance: Heather Lariviere, Carole Snider, Trudy King-Brazeau, Brian Leroux, Brigitte Lefebvre Malyon, Julie Lefebvre (virtual).
Staff Liaison: Shelby McLean
Chair of Meeting: Linda Blanchard
Regrets: Luc Guindon, Helene Cousineau, Alison Bateman, Tony Rossini

ITEMS	*POINTS BROUGHT OUT*	*ACTION*
Motion to begin meeting	***All in favour***	
1. Approval of Agenda	Approved by Brian and seconded by Brigitte	
2. Approval of Minutes from April 9th	Approved by Brian and seconded by Brigitte	
3. Business Arising from Minutes		
a. Policy Review	1. Whistleblower Protection 2. Zero Tolerance of Resident Abuse and Neglect 3. Least Restraints All three policies reviewed and approved by all, no changes brought forward.	
b. Staffing Levels	FCM had asked Kristen for what legislation is being used by GSDL to bypass RN being in the building 24/7. No response provided from Kristen at this time.	Awaiting response from Kristen/Kim
c. Family Council Minutes on Website	Cathy approved posting on the website. We would have to approve any minutes and ensure no personal information is on there.	Form completed for request of timeline.
d. Evening Snack	Tanja and Tina spoke with Kim Gillet regarding PM nourishment on the 2nd floor. It was agreed that this matter will be put on hold for the time being, pending further discussion as a team.	

e. Cell phone policy	Addressed the issue of cell phone use, and Kim will be sending out a reminder email to all staff about our policy. Additionally, Tanja and Tina are reinforcing this policy during our rounds and huddles to ensure staff are fully informed. Policy attached and given to each FCM. FCM stated remains on-going issue at PSW stations, recommended sign to be posted.	Form completed to request additional signage.
f. Visitor parking	Being reviewed at leadership and reminders to all staff being sent out. Remains on-going issue with lack of parking for the facility.	
g. Name Badges	A note has been entered in PCC. Staff are to let Manon know if they require a name tag. Manon will send Maarit the list and she will place the order.	
h. Toaster	After speaking with Cathy and the leadership team there will be a toaster kept in the tearoom kitchenette on a 3-month trial basis. It will be kept unplugged and in a cupboard for family members to use. The Dietary staff will be responsible for maintaining, cleaning, making sure it is in working order. The kitchenette is days away from being completed and once all equipment has been installed, Alyssa will put the toaster in one of the upper cupboards. Should the usage of the toaster present any risk during the trial period, it will be promptly removed to keep the home a resident safe.	
i. On-Duty Board	There is an On Duty whiteboard for Registered staff on the door to the Nursing Office. Registered staff are supposed to ensure they update it daily, so everyone knows which RNs/RPNs are on duty that day. This has been a continuous practice for years. FCM suggested adding On Duty whiteboard for PSW staff as well and reinforce use of boards daily. In K.G. previous facility they had an electronic version of this that was linked to the schedule that showed the staff members picture, position and first name for every shift. Not sure if this is possible here with the assistance of IT.	Form completed for additional white board for PSW stations, and reminder for all staff to update the boards.

j. Annual Reconciliation	Unsure we can approve FC reviewing our ARR, Cathy have emailed Lisa so this will have to be deferred to next meeting.	
k. CQI report	Available on website 04a. Narrative	Form completed to request 2025-2026 report be added to website.
l. Volunteers	Doing orientation monthly for new volunteers; recently just on-boarded 7 new volunteers. Shelby did a presentation this morning at a high school to recruit summer volunteers. It is one of the primary volunteer positions to have people coming and bringing residents outside in the summer	
m. Organizational chart	Attached and given to all FCM.	Form completed for request of org chart to be added to website and manager email contacts.
4. New Business		
a. Meeting outcome with MPP and CRFC	On April 11/25, Alison and Grace Welch who is the chair of the "Champlain Region Family Council Network" (CRFCN) met with MPP Nolan Quinn. The purpose of the meeting was to discuss our concerns and recommendations to transform long-term care. Our focus was on wage parity and retention issues to ensure a stable, committed workforce. We also mentioned, we hope we will see an expansion of person-centered care across all the LTC sector. We expressed that we are pleased to see the recent initiative championed by Minister Kusensova-Bashta, for person-centered dementia care but it should become the standard for all care in LTC. Kusensova-Bashta is the first minister appointed with a background in nursing. A recommendations document has been sent to Mr. Quinn from CRFCN in regard to the much work to be done especially, with consistently poorly performing homes prior to the meeting.	

b. MOH discussion with FC	On April 25/25 an inspector from the MOH contacted the chair (Alison) to discuss Family Council's role in the home and specific issues the team have been trying to address. The phone interview lasted approximately 35 minutes and the chair was able to bring forward most of the issues council, residents, and staff are consistently experiencing: short staffing for PSWs and registered staff; use of agency staff; care plans not being followed again and again; food and service continued problems (noted in many of the FC meeting minutes); no response from nursing leadership in regard to circumventing legislation re: RN in the building 24/7 (appears issue is being corrected with agency RNs, the FC still hasn't received a response); GSDL Quality Assurance Initiatives not being met; former administrator inviting herself to FC meeting in January with former operations manager and new (at the time) Chief Nursing Officer; no official director of care for over a year; revolving door of administration team and that the current interim director of care will be leaving at the end of May… The inspector was reviewing all of the meeting minutes. The report will be available in a couple of weeks. Chair did share it was positive that there is a new administrator and operations manager with experience.	
c. Person-centred care	Approved by DOC and will be implemented. Attached form and given to FCM.	DOC stated it will be implemented in the next 4 weeks
d. Getting to know me form	Attached	Form completed to request if this will be approved.
e. Information sheet	Reviewed new form to be completed to receive formal response from Administrator	

5. Other		
a. Food concerns	Evening HS desserts have been wonderful and homemade. Lack of consistency for residents being charged for the specials in Tearoom. Always the same cookies being given during special events downstairs, would appreciate more of a variety. Food cold when served from Tearoom, specifically for mother's day event and today for the fish. On-going issues with potato salad, potatoes not being cooked. Carrots are also hard.	Form completed for follow-up from food and nutrition services manager.
Next Meeting	**Wednesday June 11th, 2025**	
Motion to end Meeting	**Motion seconded and meeting adjourned**	

Minutes taken by: Shelley McCann Date: May 20, 2025

Reviewed by Administrator: Cathy Fisher Date: May 20, 2025