Long Term Care

Newfoundland and Labrador Health Services
Department of Health and Community Services
Department of Seniors

Independent Auditor's Report

September 2026

OFFICE OF THE AUDITOR GENERAL
NEWFOUNDLAND AND LABRADOR

This page is intentionally left blank.

Audit Overview

OFFICE OF THE AUDITOR GENERAL
NEWFOUNDLAND AND LABRADOR

Objective

To determine whether long term care residents are provided with quality care and services that meet their needs, and whether there is appropriate oversight of long term care facilities.

Audit Scope Period

April 1, 2024 to
March 31, 2026

Why this Audit is Important

Long term care serves a vulnerable sector of the population. There are approximately 3,162 people residing in long term care facilities throughout Newfoundland and Labrador. The government projects that between 2023 and 2043, the 65 plus population is expected to increase significantly. By 2043, people aged 65 and older could account for approximately 30 to 35 per cent of the population. It is critical that the Department of Health and Community Services, the Department of Seniors, and Newfoundland and Labrador Health Services have appropriate standards and processes in place to ensure resident health, safety and care in long term care facilities.

What We Found

Waitlist, Admission, Placement, Assessment and Care Plans	Staffing and Service Delivery	Program Oversight
Placement applications and waitlist information were often incomplete, unreliable, or inconsistently tracked across regions	Hiring requirements, background screening, orientation, training, and performance evaluations were not consistently completed or documented	Long Term Care Operational Standards had not been comprehensively updated since 2005 and did not always reflect current leading practices
No established provincial standard existed for long term care wait times	Food service practices did not consistently meet food safety, nutrition, meal service, and complaint management requirements	Departments had not established a formal oversight framework, including clear accountability, monitoring requirements, and key performance indicators
Resident orientation, admission documentation, and initial resident assessments were not consistently completed in a timely manner	Provincial expectations for hours of care were not established, and staffing skill mix targets were not achieved	The Departments did not ensure that fire and life safety inspections, resident care audits, and other monitoring activities were consistently completed, documented, or comparable across regions
Integrated care plans were frequently incomplete, not timely, or not regularly reviewed and updated	Medication management and pharmacy oversight, resident safety, complaint management, privacy protection, occurrence oversight, and emergency preparedness requirements were not consistently met	NL Health Services did not consistently complete resident personal care audits and did not have its own performance measurement framework for long term care facilities

Audit Overview

OFFICE OF THE AUDITOR GENERAL
NEWFOUNDLAND AND LABRADOR

Conclusion

We conclude Newfoundland and Labrador Health Services, the Department of Health and Community Services, and the Department of Seniors did not adequately ensure that long term care residents were provided with quality care and services to meet their needs, and did not ensure appropriate oversight of long term care facilities.

We found significant deficiencies in waitlist management, admissions and placements, initial resident assessments, integrated care plans, staff qualifications and training, food services, staffing levels and skill mix, therapeutic recreation, medication management, and resident safety. These weaknesses increased the risk that residents would not receive safe, timely, and appropriate care.

Weaknesses in resident safety oversight, including occurrence monitoring and accountability processes, further limited assurance that resident safety concerns were consistently identified, addressed, and resolved.

We also found the Departments did not maintain current operational standards and lacked an effective oversight framework for long term care. Responsibilities were not clearly defined, key performance indicators were not established, monitoring activities were inconsistent, and information was not always complete, accurate, or timely.

Overall, there is a lack of accountability within the long term care system, including weaknesses in governance, oversight, monitoring, and operational practices. This increases the risk that vulnerable residents are not receiving safe, high-quality care that they deserve.

Recommendations

Waitlist, Admission, Placement, Assessment and Care Plans	1. Newfoundland and Labrador Health Services should implement processes to ensure complete and accurate waitlist and wait time data is available for monitoring and comparison against established benchmarks.
	2. Newfoundland and Labrador Health Services should ensure resident admission and placement processes are defined and consistently followed, including maintaining complete and up-to-date applications, documenting resident orientation, and executing resident agreements, in accordance with the standards and relevant policies and procedures.
	3. Newfoundland and Labrador Health Services should establish and enforce timelines for completing initial resident assessments and integrated care plans and monitor compliance with those timelines.
	4. Newfoundland and Labrador Health Services should ensure integrated care plans are complete, current, and regularly reviewed and updated in accordance with the standards.
Staffing and Service Delivery	5. Newfoundland and Labrador Health Services should ensure all staff meet hiring requirements, including completion and documentation of background checks, qualifications verification, and licensure requirements, in accordance with established guidelines.
	6. Newfoundland and Labrador Health Services should ensure staff receive required orientation, training, and performance evaluations, and that completion is consistently documented and monitored, in accordance with the standards and relevant policies and procedures.
	7. Newfoundland and Labrador Health Services should implement standardized food service practices to ensure compliance with nutritional, food safety, and meal service requirements, in accordance with the standards and relevant policies and procedures.
	8. Newfoundland and Labrador Health Services should establish and monitor processes to document, track, and resolve food-related complaints and food safety deficiencies, in accordance with the standards.
	9. The Department of Seniors should establish and enforce provincial guidelines for staffing levels, hours of care, and staffing skill mix in long term care facilities.
	10. Newfoundland and Labrador Health Services should ensure that staffing levels and staffing skill mix satisfy those expected by the Department of Seniors.

Staffing and Service Delivery (continued)	11. Newfoundland and Labrador Health Services should ensure therapeutic recreation services are consistently planned and delivered based on resident needs, and evaluated for effectiveness, in accordance with the standards and relevant policies and procedures.
	12. Newfoundland and Labrador Health Services should ensure medications, controlled substances, medication carts, and medication records are securely stored and appropriately managed, in accordance with the standards and relevant policies and procedures.
	13. Newfoundland and Labrador Health Services should establish standardized provincial processes for medication management, including antipsychotic medication oversight, pharmacy services, and drug storage reviews, in accordance with the standards and relevant policies and procedures.
	14. The Department of Health and Community Services should establish independent oversight of long term care occurrences to provide public assurance that the occurrence process is functioning effectively and supporting resident safety.
	15. Newfoundland and Labrador Health Services should establish and monitor a comprehensive resident safety program that identifies, tracks, and addresses resident safety risks.
	16. Newfoundland and Labrador Health Services should ensure compliance with resident safety requirements related to resident supervision, restraint use, complaint management, privacy, and occurrence reporting, in accordance with the standards and relevant policies and procedures.
	17. Newfoundland and Labrador Health Services should strengthen emergency preparedness and fire safety processes and ensure identified deficiencies are corrected in a timely manner, in accordance with the standards, relevant policies and procedures, and the MOU with Department of Government Services.
Program Oversight	18. The Department of Seniors should update the 2005 Long Term Care Facilities in Newfoundland and Labrador Operational Standards and ensure the required biennial review is completed going forward, to ensure alignment with best practices and changing care standards.
	19. The Department of Seniors should establish a formal oversight framework for long term care that includes clearly defined roles, responsibilities, monitoring requirements, reporting requirements, and accountability mechanisms.
	20. The Department of Seniors should develop and monitor provincial key performance indicators to assess long term care quality, safety, and service delivery.
	21. Newfoundland and Labrador Health Services should implement a formal performance measurement and quality assurance framework for long term care facilities.
	22. Newfoundland and Labrador Health Services should ensure monitoring activities, audits, and reporting processes are completed consistently, documented appropriately, and used to support corrective action and continuous improvement, in accordance with the standards, relevant policies and procedures, and the MOU with Department of Government Services.

After reading this report, you may want to ask the following questions of government:

Given their responsibility for delivering and overseeing the Long Term Care Program, how will Newfoundland and Labrador Health Services, the Department of Health and Community Services, and the Department of Seniors:

1. Reduce lengthy wait times and improve the reliability of waitlist and placement information?
2. Ensure resident assessments, care planning, staffing, and service delivery consistently meet established standards?
3. Address significant resident safety concerns, including privacy, complaint management, emergency preparedness, and occurrence reporting?
4. Modernize the Long Term Care Operational Standards and establish clear accountability for oversight?
5. Implement meaningful performance measures, monitoring, and reporting to ensure residents receive safe, high-quality care?

This page is intentionally left blank.

Table of Contents

This page is intentionally left blank.

Background

There is no governing legislation specific to long term care facilities in Newfoundland and Labrador. Instead, long term care facilities are governed under broader healthcare legislation, including the Health and Community Services Act and the Provincial Health Authority Act. This legislation establishes the overall authority for health service delivery but is not specific to the Long Term Care Program.

The Long Term Care Facilities in Newfoundland and Labrador Operational Standards (the standards) were introduced in 2005 and represent the Provincial Government's expectations for long term care facilities. The standards cover governance, human resources, care services such as admission and discharge of residents, care access and delivery, empowering the resident, resident support services, environment, and administration. Responsibilities are outlined for the long term care facilities, residents, the Department of Health and Community Services, and the health authority.

Long term care facilities are primarily publicly funded facilities, owned and operated by Newfoundland and Labrador Health Services (NL Health Services). NL Health Services is responsible for the delivery and administration of health and community services in the province, including the operation of long term care facilities. NL Health Services provides residential care and accommodations to long term care residents who have high care needs and require on-site professional nursing services. Long term care facilities provide 24-hour nursing care plus varying degrees of medical, rehabilitative, social work, pastoral care, dietetic, pharmaceutical, palliative care, respite, and recreation programs. Some facilities have specialized programs and units for groups with special needs such as dementia. The maximum amount an individual can be charged to live in a long term care facility is $2,990 per month. Residents are financially assessed to determine eligibility for a full or partial subsidy toward this cost.

Admission to long term care facilities is through a single-entry system based on a clinical assessment conducted by NL Health Services. A comprehensive initial resident assessment is completed to determine clinical eligibility and identify the most appropriate care setting, in accordance with the levels of care framework. The levels of care framework includes four distinct levels ranging from one to four, with level four being the most complex with highest care needs. Long term care facilities primarily house level three and four residents, while level one and two residents primarily reside in personal care homes. Level three residents require extensive assistance with daily living activities due to physical or cognitive impairments, while level four residents have severe care needs requiring skilled nursing care and the highest level of support.

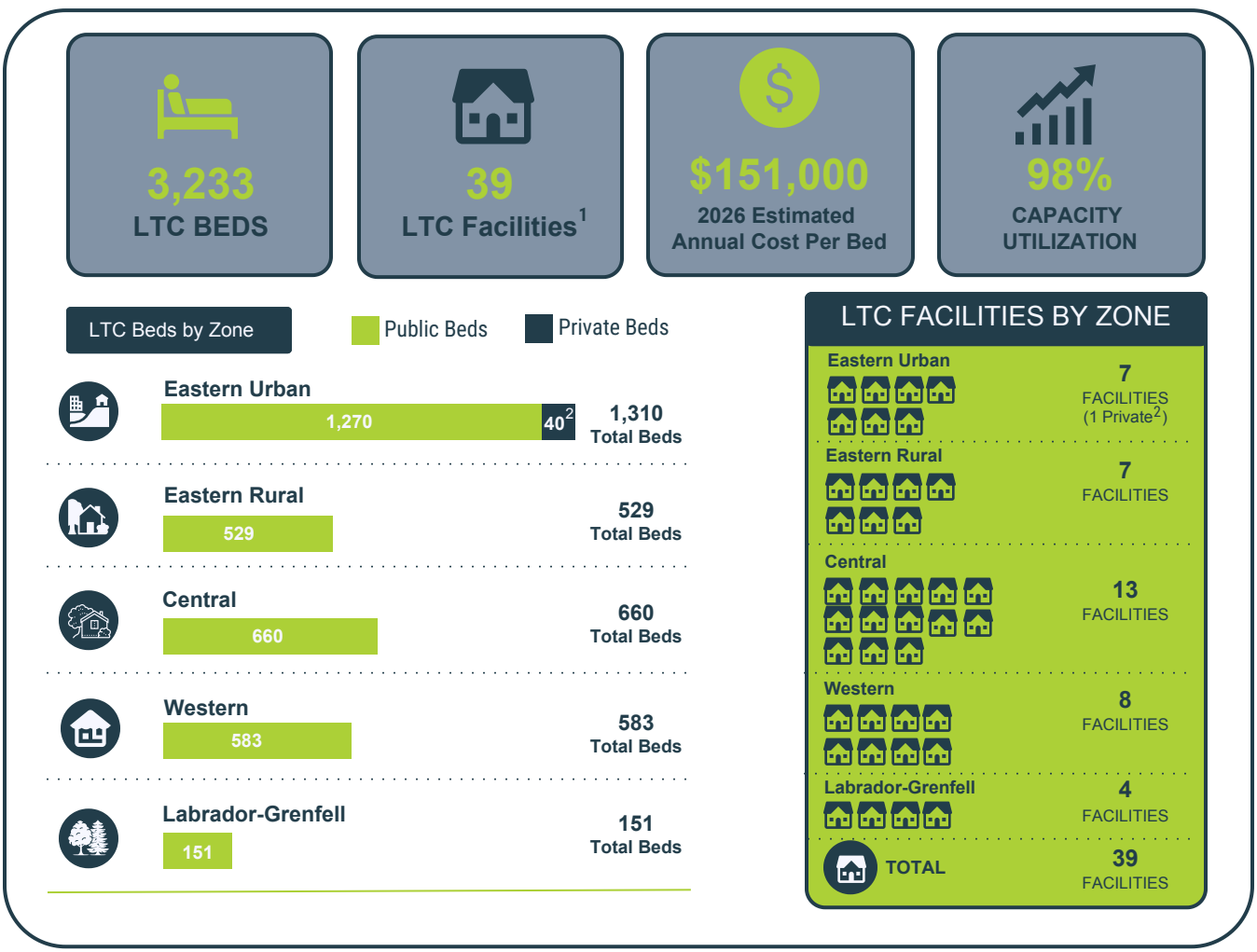
The Provincial Government and NL Health Services share responsibility for the oversight and delivery of long term care in Newfoundland and Labrador. The Department of Health and Community Services was responsible for setting strategic directions, developing policy, establishing provincial standards, and providing oversight of the Long Term Care Program. On September 5, 2025, the Department of Seniors was restructured to include all those functions related to seniors' health care formerly within the Department of Health and Community Services, including the Long Term Care Program. Therefore, we refer to the Department of Health and Community Services as the department responsible for the Long Term Care Program between April 1, 2024, and September 4, 2025, and to the Department of Seniors as the department responsible between September 5, 2025, and March 31, 2026.

A Memorandum of Understanding (MOU) exists with the Department of Government Services to conduct fire and life safety inspections and environmental health inspections, including food premises inspections, in long term care facilities. Responsibility for the MOU was transferred from the Department of Health and Community Services to the Department of Seniors effective September 5, 2025.

As of June 2026, there were 43 long term care facilities within the province distributed across five health zones. This included four protective community residences which are specially designed homes for individuals with mild to moderate dementia. This audit did not include the four protective community residences as they adhere to a different set of operational standards than the other 39 long term care facilities. Of the 39 facilities included in this audit, 38 were owned and operated by NL Health Services. One long term care facility was privately owned and operated but received funding for operating beds through NL Health Services. Approximately 3,162 people resided in 39 long term care facilities as of June 2026. The average facility size varied across zones, with an average of 187 beds per facility in Eastern Urban, 76 in Eastern Rural, 51 in Central, 73 in Western, and 38 in Labrador-Grenfell.

The total provincial expenditure for long term care facilities for fiscal year 2024 was $406 million, $434 million for fiscal year 2025, and approximately $482 million for fiscal year 2026. Based on 3,193 publicly funded long term care beds, the estimated annual cost per bed in fiscal year 2026 was approximately $151,000. Figure 1 provides a summary of the province's long term care facilities as of June 2026.

Figure 1: Long Term Care (LTC) Facilities At a Glance
June 2026



Source: Prepared by the Office of the Auditor General from information provided by NL Health Services.
1. Facilities exclude four protective community residences, which are outside the scope of this audit.
2. The private residence includes 230 beds subsidized by NL Health Services and 40 beds that are privately funded.

Our audit work started in April 2025 and covered April 1, 2024, to March 31, 2026. It included two lines of inquiry:

1. to determine whether long term care residents are provided with quality care and services that meet their needs; and
2. to determine whether there is appropriate oversight of long term care facilities.

Eleven criteria were established to assess these lines of inquiry. We completed audit procedures on 30 long term care facilities, including site visits to 15 homes. Appendix III lists all long term care facilities in operation as of March 31, 2026. During our visits, we interviewed a total of 62 staff to gain insights into long term care facility operations. Appendix IV contains a summary of staff feedback from these interviews. Throughout this report, the term staff refers to individuals employed in long term care facilities who support the delivery and administration of resident care and services, including registered nurses (RNs), licensed practical nurses (LPNs), personal care attendants (PCAs), social workers, food service workers, recreation staff, administrative staff, and other employees providing direct or indirect support to residents.

Our office completed an audit of Nutrition in Long Term Care Facilities in 2015, and we note that one of two recommendations (50 per cent) issued to the Department of Health and Community Services, and one of eight recommendations (13 per cent) issued to the former regional health authorities remained outstanding as of April 2023.

This audit is being conducted for and will be submitted to the House of Assembly's Public Accounts Committee. On December 14, 2023, the Committee, pursuant to section 22 of the Auditor General Act, 2021, requested a special assignment audit of personal care homes and long term care, in part due to outstanding recommendations from our 2015 audit. The Office of the Auditor General submitted the requested audit of personal care homes on April 1, 2025.

On February 5, 2025, the Provincial Government released the Long Term Care and Personal Care Home Review Report. The report made 23 recommendations on improving long term care facilities and personal care homes for residents and staff. This report was independent of our audit, and we are aware of their findings and recommendations where our scope of work is similar.

Key Findings

Waitlist, Admission, and Placement

- Weaknesses were identified with NL Health Services' management of resident placement applications, initial resident assessments, waitlists and wait times, placements, and orientation. (page 19)

Placement Applications

- Long term care placement applications were often outdated and incomplete. (page 20) Specifically,
  - twenty-two of 46 resident's placement applications (48 per cent) from 16 of 23 facilities (70 per cent) were outdated; and (page 20)
  - twenty-seven of 46 resident's placement applications (59 per cent) from 14 of 23 facilities (61 per cent) were missing documentation. (page 20)

Applicant Waitlists and Wait Times

- NL Health Services did not have reliable provincial long term care waitlist data and tracking was inconsistent between regions. (page 20)
- There were approximately 730 individuals on the waitlist as of March 2026. (page 20)
- There was no established standard or required maximum length for placement wait times, and many residents experienced extended waits. (page 21)
- Thirteen of 46 residents (28 per cent) waited longer than six months for placement and 10 of those 13 residents (77 per cent) waited more than one year. (page 21)

Resident Orientation and Agreement

- Resident orientation often did not comply with the standards. (page 21)
- Twenty-one of 51 residents (41 per cent) we sampled across all five regional zones did not have documented evidence of completed orientation. (page 21)
- Resident agreements often did not comply with the standards. (page 21)
- Nine of 51 residents (18 per cent) did not have a signed resident agreement. (page 21)

Assessments and Integrated Care Plans

Initial Resident Assessments

- There were no established standards or specific timelines from when an individual requested an assessment for residential care, to when that assessment was completed. (page 22)
- Six of 46 initial resident assessments (13 per cent) across four of 23 homes (17 per cent) were completed between 9.4 months and 1.9 years after the placement request, an average of approximately 15 months. (page 22)

Resident Integrated Care Plans

- Resident integrated care plans were not always completed in a timely manner or in compliance with the standards. (page 22)
- The standards did not include a timing requirement for completion of integrated care plans. (page 22)
- Care plans were not available for three of 51 residents (six per cent) across two of 28 facilities (seven per cent), both in the Central region. (page 23)
- Care plans were incomplete for 39 of 51 residents (76 per cent) across 21 of 28 facilities (75 per cent). Required information such as assistance with activities of daily living (including bathing, dressing, and mobility), mental and emotional status, and safety and security risks and measures were not included. (page 23)
- Care plans for three of 51 residents (six per cent) across two of 28 facilities (seven per cent), located in the Central and Eastern Urban regions, were initiated with delays ranging from three days to 5.6 years. The average delay of these three was 2.3 years. (page 23)

- Resident integrated care plans were not consistently reviewed and updated on a quarterly basis as required by the standards. Care plans for 39 of 51 residents (76 per cent) across 21 of 28 facilities (75 per cent) were not reviewed and updated on a quarterly basis. (page 23)

Staff Qualifications and Training

Staff Background Screening Documentation

- Required background screening was not always completed or documented in a timely manner in accordance with established guidelines. (page 24)
- Twenty-seven criminal record checks (18 per cent) and 39 vulnerable sector checks (26 per cent) were missing. (page 25)
- Ten criminal record checks (seven per cent) and six vulnerable sector checks (four per cent) were conducted over a year before the hire date. (page 25)
- Six criminal record checks (four per cent) and five vulnerable sector checks (three per cent) were conducted after the hire date. (page 25)

Staff Licensure Verification

- Staff licensure verifications were not always documented per the standards. (page 25)
- Licensure verification records were not present in 27 of 150 (18 per cent) staff files across nine of 15 facilities (60 per cent). Seventeen of those 27 cases (63 per cent) were from Eastern Rural region. (page 25)

Staff Performance Appraisals

- Annual performance evaluations were frequently not conducted or documented per the standards. (page 25)
- Performance appraisal forms were not available in 124 of 150 (83 per cent) staff files across all 15 facilities we sampled (100 per cent). (page 25)

Staff Orientation and Training

- Staff orientation was not completed per the standards in 64 of 150 staff files (43 per cent), and 43 of 150 staff files (29 per cent) had no training record or an incomplete training record. (page 26)

Food Quality and Service

Menu Planning

- Menu planning was not in compliance with the standards, as six-week rotating menus were not implemented and followed across facilities. (page 27)
- The minimum six-week rotating menus were not in place at any of the 15 facilities we visited. (page 27)

Publicly Available Food Safety Inspections

- Food safety inspection deficiencies were not always resolved in accordance with the Memorandum of Understanding (MOU) with the Department of Government Services. (page 27)
- Three of 30 facilities (10 per cent) from Central (two) and Western (one) had non-critical observations and corrective actions identified during inspections conducted in 2024 that remained unresolved as of March 31, 2026. (page 27)
- One facility in Central that had unresolved non-critical items from 2024, also had a critical item identified during a 2026 inspection that was not resolved before the inspector left the premises, in contradiction of the MOU. Specifically, residents were able to access the serving area during food service, increasing the risk of food contamination. (page 27)

Food Storage Practices

- Food storage practices were not consistently maintained across facilities in accordance with the standards. (page 28)
- Expired or spoiled food items were observed in refrigerators or freezers in two of 15 facilities (13 per cent) - one in Eastern Rural and one in Eastern Urban. (page 28)
- Food storage areas were not clean or well organized in three of 15 facilities (20 per cent) - one in Central, one in Eastern Rural, and one in Western. Examples included unsealed food items, and food and cartons on the floor. (page 28)

Food-Related Complaints

- NL Health Services did not have a process for documenting and monitoring food-related complaints in accordance with the standards; therefore, food-related complaints were not documented and monitored. (page 28)
- There were no written policies or procedures that outlined how to report food-related complaints. (page 28)
- There was a total of 18 food-related complaints in nine of 15 homes (60 per cent). (page 28)
- Fifteen of 30 facilities (50 per cent), did not maintain a formal log of food-related complaints. Of these 15 facilities, eight (53 per cent) had no formal mechanism for resident feedback on food quality or service. (page 28)

Meal Service Safety and Supervision

- Resident swallowing assessments were not always completed or maintained in accordance with policy requirements. (page 29)
- Seventeen of 51 swallowing assessments were not completed (33 per cent). (page 29)
- Central region accounted for more than half (nine of 17 – 53 per cent) of all swallowing assessments that were not completed. (page 29)
- Sixteen of 51 swallowing assessments (31 per cent) were not completed every three months, in accordance with policy. (page 29)
- Staff assistance during meal service in the dining area was inadequate in three of 15 facilities we visited (20 per cent). (page 29)
    - Two facilities, one facility in Eastern Rural and one facility in Central, did not have enough staff to support meal service. (page 29)
    - One facility in Eastern Urban had food service workers assisting and monitoring residents during meals. These staff indicated they were not permitted to intervene medically in the event of resident choking but would contact nurses to intervene as required. (page 29)
- In three of 15 (20 per cent) of our facility visits, kitchen staff had not received appropriate training to respond to choking incidents, in contradiction of policy. (page 29)

Staffing Levels and Skill Mix

- The Department of Health and Community Services, the Department of Seniors, and NL Health Services did not adequately establish, monitor, or report on hours of care and staffing skill mix in long term care facilities. (page 31)

Resident Hours of Care

- The Department of Health and Community Services and the Department of Seniors had not established formal provincial guidelines for hours of care in long term care facilities, as required by the standards. (page 31)
- NL Health Services did not maintain or monitor staffing levels in long term care facilities. (page 31)
- As of March 31, 2024, 21 of 36 facilities (58 per cent) were operating below the targeted benchmark, and staffing adjustments were identified to achieve the target. (page 31)
- NL Health Services had not calculated or monitored budgeted or actual hours of care to make the appropriate staffing adjustments between April 1, 2024, and March 31, 2026. As a result, we were unable to determine whether residents received the targeted level of care. (page 31)

Staffing Skill Mix

- The Department of Health and Community Services established staffing skill mix expectations in 2020. However, neither the department nor NL Health Services monitored compliance with these expectations. (page 32)
- The March 2024 analysis showed that none of the regions aligned with the skill mix ratio set out in the 2020 memo. Specifically, PCA percentages were consistently less than the target ratio, while the LPN percentages were all above the target ratio. (page 32)
- The Department of Health and Community Services, the Department of Seniors, and NL Health Services could not provide documentation demonstrating ongoing monitoring of facility-level skill mix ratios. (page 32)
- NL Health Services did not update, formally monitor, or report on provincial skill mix analysis between April 1, 2024, and March 31, 2026. (page 32)

- During the 24-hour period that we analyzed, current LPN staffing levels frequently exceeded the required skill mix ratio, while current RN and PCA staffing levels most often fell below the required ratios. (page 32) Specifically,
  - thirty-four of 66 units (52 per cent) across 24 of 30 facilities (80 per cent) were below the target RN staffing ratio; (page 32)
  - forty-nine of 66 units (74 per cent) across 26 of 30 facilities (87 per cent) were below the target PCA ratio; and (page 32)
  - fifty-two of 66 units (79 per cent) across 28 of 30 facilities (93 per cent) were above the target LPN ratio. (page 32)
- Ten of 66 units (15 per cent) across four of 30 facilities (13 per cent) had no RN or LPN coverage available during the 24-hour period analyzed. (page 32) Specifically,
  - No LPN hours were reported for two units, and no RN hours were reported for five units, including four units where the only RN assigned was on leave. (page 32)
  - In one facility a single RN provided coverage across three units. (page 32)
- The 2025 Long Term Care and Personal Care Home Programs Review supported progression toward a staffing model consisting of approximately 70 per cent PCAs and 30 per cent combined RN and LPN staffing. Despite this report, no formal direction had been issued to NL Health Services to implement or monitor this model as of March 31, 2026. Further, no updated provincial staffing ratios had been formally established. (page 32)

Therapeutic Recreation Services

Recreation Schedule and Attendance

- Observed recreational activities mostly aligned with scheduled recreation activities. (page 34)
- The majority of facilities we visited (14 of 15 facilities – 93 per cent) were operating in accordance with the recreation schedule. (page 34)
- Thirty-eight of 46 (83 per cent) resident files across 23 of 24 facilities (96 per cent) included detailed recreation attendance records. (page 34)

Activities Based on Resident Needs

- Recreation activities were not always planned in accordance with the standards. (page 34)
- In 11 of 14 units (79 per cent) within five of 15 facilities visited (33 per cent), recreation activities were not always planned based on resident needs or were not consistently delivered. (page 34)
- NL Health Services usually followed the standards to include resident recreational needs in their integrated care plans. Most integrated care plans included information on the recreational needs of residents. Forty-three of 46 (93 per cent) residents' integrated care plans included recreation and leisure needs. (page 34)

Medication Management

Medication Storage and Administration

- Long term care facilities did not consistently comply with the standards related to medication storage. (page 36)
- Controlled substances, such as narcotics, were not stored in a double locked cupboard system in four of 15 facilities visited (27 per cent). (page 36)
- Resident medication administration records were not kept in a secure location in seven of 15 facilities visited (47 per cent). (page 36)
- In two facilities visited in Western region (13 per cent), medication carts were unlocked. (page 36)

Pharmacy Contracts

- Pharmacy contracts were not always in accordance with the standards. (page 36)
- Three facilities in Central were not covered by an existing contract. (page 37)
- One pharmacy contract in Eastern Rural was expired. (page 37)
- Three of eight (38 per cent) pharmacy contracts were not signed prior to the pharmacy dispensing medication. For example, one contract was effective in June 2022, but was not signed by both parties until December 2025. (page 37)

- Required responsibilities were not included in two of eight (25 per cent) pharmacy contracts reviewed. Specifically: (page 37)
  - One facility in Eastern Urban (13 per cent) did not include responsibility for the direction and accountability of pharmacy services, did not include responsibility to maintain a drug profile, and did not include responsibility to conduct quarterly drug storage reviews. (page 37)
  - Two facilities in Eastern Rural (25 per cent) did not include responsibility to conduct quarterly drug storage reviews. (page 37)

Drug Storage Reviews

- Drug storage reviews were frequently not completed in accordance with the standards; specifically, fewer than half of required reviews were completed. (page 37)
- Twenty-five of 30 facilities (83 per cent) did not conduct drug storage reviews on a quarterly basis. Specifically, of the 240 required quarterly drug storage reviews between April 1, 2024 and March 31, 2026, 126 reviews were missing (53 per cent). (page 37)

Resident Safety

- Significant weaknesses in resident safety practices were identified across long term care facilities. (page 38)

Resident Environment

- Long term care facilities did not consistently provide residents with a safe, clean, and healthy environment in accordance with the standards. (page 38)
- Eight of 15 facilities (53 per cent) we visited had physical safety hazards or environmental concerns. These included cluttered hallways, tripping hazards, holes in flooring, glare floors, scatter mats, exposed heating equipment, unsafe storage of potentially dangerous substances, and other conditions that posed a risk of injury to residents and staff. (page 38)

Least Restraint Policy

- Restraint management practices were not always compliant with the Least Restraint Policy in accordance with the standards. (page 38)
- Serious deficiencies in physician orders, monitoring, and reassessment practices were identified. (page 39)
- Physician restraint orders were not obtained in 10 of 30 facilities (33 per cent), affecting 22 residents. (page 39)
- Required monitoring checks were not completed in 13 of 30 facilities (43 per cent), affecting 71 residents. (page 39)
- Restraint reassessments were not performed in seven of 30 facilities (23 per cent), affecting 53 residents. (page 39)
- Central region had the majority of affected residents across all three restraint categories, impacting nine residents where physician restraint orders were not obtained, 47 residents where required monitoring checks were not completed, and 47 residents where restraint reassessments were not performed. (page 39)

Security and Privacy of Resident Documentation

- NL Health Services did not consistently follow their processes to maintain resident safety concern data. (page 39)
- Inconsistent documentation practices, incomplete safety monitoring, and delayed complaint responses were identified. (page 39)
- Resident documentation was often not secured or protected from unauthorized access in accordance with the standards. (page 39)
- Resident documentation was not stored securely or protected from unauthorized access in nine of 15 facilities visited (60 per cent). (page 39)
- Documentation was accessible in unlocked and unattended nursing stations or storage areas, creating risks to both the security of resident records and the protection of resident privacy. Findings included resident charts and binders stored in open nursing stations, unsecured cupboards, accessible carts, or unlocked offices, along with computers containing resident information left unattended with login credentials visible. (page 39)

Resident Safety Checks

- Resident safety checks were not completed per policy at the beginning of shifts in five of 15 facilities (33 per cent). (page 39)
- Cognitively impaired residents were not always accounted for in accordance with the standards. (page 39)
- Twenty-two cognitively impaired residents in 11 of 15 facilities (73 per cent) had not been accounted for on an hourly basis or in accordance with the frequency determined in their care plans. (page 39)

Complaints

- NL Health Services did not consistently respond to complaints within the required timeframe in accordance with the standards. (page 40)
- Nineteen of 46 complaints (41 per cent) from 12 of 20 homes (60 per cent) did not meet the required two-day initial response time. (page 40)
- Fifteen of 46 complaints (33 per cent) from 12 of 20 homes (60 per cent) did not meet the required one-month full response time. (page 40)

Occurrences and Reportable Incidents

Occurrences

- The Patient Safety Act had not had a statutory review in the last five years as required by the legislation. (page 41)
- We were unable to assess the nature of occurrences, whether occurrence management processes complied with policy, or whether corrective action was appropriately taken, as NL Health Services and the Department of Health and Community Services did not provide access to occurrence report details, citing Patient Safety Act restrictions. In our opinion, there was no current oversight by an independent party to provide public assurance regarding the occurrence management process. (page 42)
- There were 21,716 reported long term care occurrences between April 1, 2024, and March 31, 2026. Occurrence volumes were over 10,000 for 2024-2025 (10,862) and 2025-2026 (10,854). (page 42)
- The percentage of occurrences for each region was consistent with the percentage of the population. For example, Eastern Urban region represented 41 per cent of the population and accounted for approximately 45 per cent of all reported occurrences. (page 42)
- At least 3,462 occurrences resulted in temporary resident harm requiring treatment or intervention or negatively affecting resident health or quality of life (severity levels three and four). (page 43)
- Counts relating to occurrences resulting in permanent harm or death (severity levels five and six) were suppressed by NL Health Services due to privacy requirements of the Patient Safety Act. (page 43)
- The Department of Health and Community Services did not collect or maintain occurrence severity information. (page 44)
- Given occurrence monitoring was an internal process, with relatively few occurrences being reported to the Department, and that we did not have access to assess whether the process was operating effectively, there was no independent oversight mechanism in place to ensure all long term care occurrences were appropriately addressed. (page 44)

Reportable Incidents

- The Department of Seniors received 37 reportable incidents during the period of April 1, 2024, to March 31, 2026. These included events such as verbal abuse by staff, resident abuse, and inappropriate physical contact, medication errors, missing residents, and resident-to-resident aggression. (page 44)
- We could not assess whether any of these occurrences should have been considered reportable incidents, or whether any reportable incidents should have been considered occurrences, as we were not given access to the occurrence reports. (page 44)

Building Evacuation Plans

- NL Health Services did not always ensure that long term care facilities were adequately prepared to respond to emergencies in accordance with the standards. Building evacuation plans were not always visibly posted in long term care facilities in accordance with the standards. (page 44)
- Building evacuation plans were not displayed in visible locations in eight of 15 (53 per cent) facilities. (page 44)
- Six of 45 (13 per cent) long term care facility staff asked were not familiar with the evacuation procedures of their facility. (page 44)

Emergency Exits and Wander Alert Systems

- Emergency exits were sometimes obstructed in long term care facilities in contradiction of the standards. (page 44)
- In four of 15 facilities visited (27 per cent), emergency exits were obstructed either partially or fully due to reasons such as construction activities. (page 44)
- Wander alert systems were not consistently in place in accordance with the standards to indicate when wandering residents approached exit doors. (page 45)
- Four of 15 facilities (27 per cent) did not have wander alert systems in place. Three facilities were in Eastern Urban, and one was in Western. (page 45)

Emergency Preparedness Plans

- Emergency Preparedness Plans were not consistently available or reviewed in accordance with the standards. (page 45)
- Emergency Preparedness Plans were not present in five of 30 (17 per cent) facilities we reviewed - four in the Western region and one in Central region. (page 45)
- Emergency Preparedness Plans were not reviewed annually for 23 of 30 (77 per cent) facilities. (page 45)
- Emergency Preparedness Plans were not always complete and did not include required procedures in accordance with the standards. Emergency Preparedness Plans did not include procedures to be followed for missing residents in eight of 30 (27 per cent) facilities. Emergency Preparedness Plans did not include procedures for responding to internal and external threats in four of 30 (13 per cent) facilities, such as fire, armed intruder, or severe weather. These findings were all in Central and Western regions. (page 45)

Fire Drills

- Fire drills were frequently not conducted in accordance with the standards. (page 45)
- Fire drills for 15 of 30 facilities (50 per cent) were not conducted according to the required timelines. (page 45)
- Evidence of corrective action was not available for issues identified in fire drills for 14 of 30 facilities (47 per cent). (page 45)

Program Oversight

Reviews and Updates to Operational Standards

- The Department of Health and Community Services and the Department of Seniors had not completed the required biennial review of the standards and had not comprehensively updated them since 2005. (page 47)
- In lieu of updating the standards, departments issued nine memorandums and one addendum to the standards between April 1, 2024, and March 31, 2026. By issuing memorandums and addendums in the manner, there was no way to confirm whether memorandums and addendums were communicated to all relevant stakeholders. Although some correspondence from the departments asked NL Health Services to communicate the changes to all relevant stakeholders or appropriate staff, there was no evidence that the departments ensured memorandums and addendums to the standards were communicated to all relevant parties and therefore understood and implemented. (page 47)

Jurisdictional Scan

- The Long Term Care Facilities in Newfoundland and Labrador Operational Standards (2005) were significantly outdated and did not fully reflect current long term care practices, risks, and expectations as observed in other jurisdictions. (page 48)
- Most of the other jurisdictions updated their standards between 2015 and 2025, including five of eight (63 per cent) between 2022 and 2025, more than ten years more recently than Newfoundland and Labrador's last update. (page 48)
- The comparison of long term care standards identified several deficiencies in Newfoundland and Labrador's standards. (page 48)

Departmental Monitoring and Oversight

- The Department of Health and Community Services and the Department of Seniors had not established a formal oversight framework for the Long Term Care Program. (page 49)

Key Performance Indicators

- The Department of Health and Community Services and the Department of Seniors did not establish expectations requiring NL Health Services to monitor and report on key performance indicators (KPIs) for the Long Term Care Program. (page 49)
- There were no standards, policies, procedures, or other agreements defining KPI requirements, reporting expectations, or performance targets. (page 49)
- There was no evidence of a formal process to regularly review, analyze, or report on Canadian Institute for Health Information long term care indicator results. (page 49)

Provincial Long Term Care Directors Committee Meetings

- Provincial Long Term Care and Personal Care Home Directors Committee monthly meetings did not consistently occur. (page 49)
- Monthly meetings in six of 24 months (25 per cent) did not occur. (page 49)

Monitoring of Fire and Life Safety Inspection Compliance

- The Department of Health and Community Services and the Department of Seniors did not consistently ensure that annual fire and life safety inspections were completed in accordance with the Memorandum of Understanding (MOU) in place with the Department of Government Services. (page 49)
- The Department of Health and Community Services and the Department of Seniors were unable to produce evidence that demonstrated they ensured the Department of Government Services completed any of the required fire and life safety inspections in accordance with the MOU. (page 49)
- The Department of Health and Community Services and the Department of Seniors did not have documentation that fire and life safety inspections were completed for 28 of 30 facilities sampled (93 per cent) between April 1, 2024 to March 31, 2026. (page 49)
- There was no evidence that the Department of Health and Community Services and the Department of Seniors were regularly tracking whether the inspections were completed or that monitoring responsibilities were carried out. (page 49)
- Based on the list of inspections compiled by the Department of Seniors for our audit:
    - ten of 30 facilities (33 per cent) did not have fire and life safety inspections completed in 2024; (page 50)
    - one of 30 facilities (3 per cent) did not have a fire and life safety inspection completed in 2025; (page 50)
    - twenty-five of 30 facilities (83 per cent) had inspections that were still outstanding for the 2026 calendar year; and (page 50)
    - one facility in Labrador-Grenfell did not have a fire and life inspection completed in 2024 or 2025, which remained outstanding in 2026. (page 50)
- Fire and life safety concerns remained unresolved at one Labrador-Grenfell facility in 2024 and one Eastern Rural facility in both 2025 and 2026. Examples of unresolved deficiencies included: failures to conduct required fire drills, incomplete nightly security check logs, and deficiencies involving sprinkler systems and oxygen storage rooms. (page 50)

Monitoring of Resident Personal Care

- The Department of Health and Community Services and the Department of Seniors consistently requested resident care audit information from NL Health Services but did not receive complete audit information to support effective oversight of long term care. (page 50)
- The Department of Health and Community Services and the Department of Seniors did not receive complete audit information to effectively monitor personal care concerns across the entire province. (page 50)
- Audit information for the Central region had not been submitted to the departments since December 2023. Missing information remained outstanding at the time of our audit. (page 50)
- The scope of resident care audits was reduced in 2025-2026, focusing on personal care only and not examining pressure ulcers and weight loss, as had been done in 2024-2025. (page 50)
- The Department of Health and Community Services and the Department of Seniors did not ensure that each region used a standardized template for personal care audits. Consequently, audit information was not consistently collected or readily comparable across regions. (page 50)

NL Health Services Monitoring and Oversight

Completion of Resident Personal Care Audits

- Resident personal care audits were not always completed. (page 51)
- Fifty-three of 61 (87 per cent) resident personal care audits were incomplete in 26 of 29 homes (90 per cent). (page 51) Specifically,
  - eighteen of 61 audits (30 per cent) from nine of 29 homes (31 per cent), did not fully address required audit scope areas; and (page 51)
  - twenty-three of 61 audits (38 per cent) from 12 of 29 homes (41 per cent), did not include a comments or remarks section necessary for providing insights and follow-up actions. (page 51)
- NL Health Services often did not submit personal care audits to the Department of Seniors in a timely manner. (page 51)
- Central region did not submit any of the personal care audits for the quarter reviewed to the Department of Seniors. (page 51)
- Eastern Urban and Western regions did not submit any of the personal care audit reports for the quarter reviewed within the one month requirement. (page 51)

Monitoring and Reporting on Key Performance Indicators

- NL Health Services relied on Canadian Institute for Health Information long term care indicators as the primary source of performance information rather than establishing and monitoring its own performance measurement framework. (page 51)
- Although NL Health Services reviewed the Canadian Institute for Health Information indicators, they did not formally track, measure, or monitor them to assess long term care performance and quality of care. (page 51)
- The standards did not contain any guidance on performance measurement, including tracking, measuring, or reporting on key performance indicators. (page 51)

Findings – Waitlist, Admission, and Placement

Objective 1

To determine whether long term care residents are provided with quality care and services that meet their needs.

Criteria 1

NL Health Services ensures resident waitlist, admission, and placement practices are in accordance with the standards and relevant policies.

What We Expected

We expected NL Health Services to manage the long term care placement pathway, including placement applications, initial resident assessments, waitlists, placements, and orientation, in accordance with the standards and relevant policies.

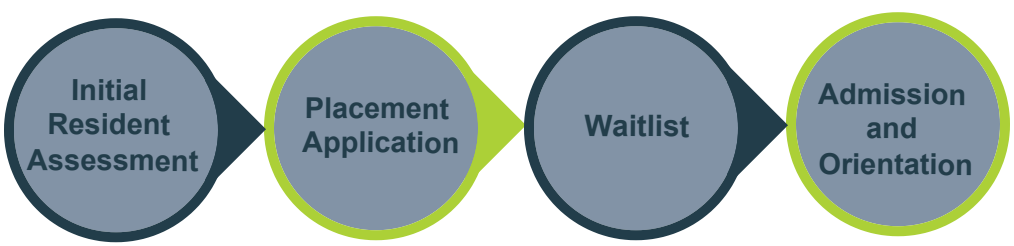
Specifically, we expected placement applications and supporting documentation to be complete and current, waitlist information to be complete, accurate, and up to date, and wait time information and placement trends to be monitored against specific benchmarks. We also expected the admissions and orientation processes to be completed and documented in accordance with the standards, including providing residents and families with information regarding available services, resident rights and responsibilities, complaint processes, facility expectations, and resident agreements.

What We Learned

We found weakness with NL Health Services' management of resident placement applications, initial resident assessments, waitlists and wait times, placements, and orientation.

Figure 2 provides an overview of the long term care placement pathway. Note that for report purposes, we use the term resident throughout the placement pathway, from initial assessment to admission.

Figure 2: Overview of the Long Term Care Placement Pathway



Source: Prepared by the Office of the Auditor General from information provided by NL Health Services.

Placement Applications

We found long term care placement applications were often outdated and incomplete. As per NL Health Services' Admission to Long Term Care Policy, resident applications, including initial resident assessment documentation and consent, were considered outdated when documentation exceeded 12 months.

We reviewed placement applications for a sample of 46 residents from 23 long term care facilities. Our findings are outlined in Figure 3.

Figure 3: Placement Applications with Outdated or Missing Documentation
For the Period April 1, 2024, to March 31, 2026

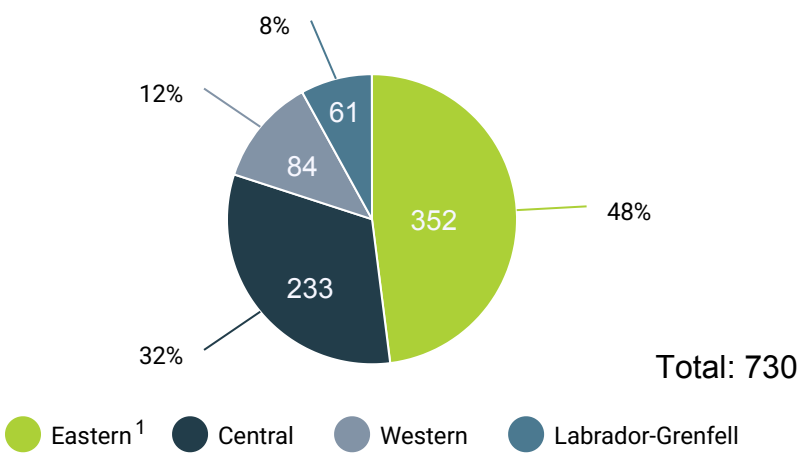
Source: Prepared by the Office of the Auditor General from information provided by NL Health Services.

Applicant Waitlists and Wait Times

We found NL Health Services did not have reliable provincial long term care waitlist data and that tracking was inconsistent between regions. According to NL Health Services officials, the Eastern region's placement software only allowed waitlist data to capture applicants actively waiting at a point in time, and did not include applicants processing, on hold, referred, or already accepted for admission. According to NL Health Services officials, the Western region could not provide a complete waitlist due to data quality issues.

Using the data that was provided, we found there were approximately 730 individuals on the waitlist as of March 2026. Eastern region carried the largest share of the waitlist, while Labrador-Grenfell had the smallest share of the waitlist as presented in Figure 4. The Eastern region accounts for 57 per cent of the province's beds, while Central, Western and Labrador-Grenfell account for 20 per cent, 18 per cent and 5 per cent, respectively. Note that given the issues with data quality, the Western region number is likely understated.

Figure 4: Long Term Care Waitlist Numbers by Region
As of March 2026



Source: Prepared by the Office of the Auditor General from information provided by NL Health Services, unaudited.

1. NL Health Services waitlist for the Eastern Urban and Eastern Rural regions were provided as one region.

We found there was no established standard or required maximum length for placement wait times, and many residents experienced extended waits. Using the available data for all regions, the provincial average wait times were approximately six to seven months between April 1, 2024, and March 31, 2026. Of the regions with complete data, we found Central and Labrador-Grenfell had average wait times of 7.5 months and 7.2 months respectively as of March 2026. While the provincial average wait time was approximately six months as of 2026, our testing identified residents experiencing substantially longer delays. **We tested 46 resident applications and found 13 residents (28 per cent) waited longer than six months for placement, and 10 of those 13 residents (77 per cent) waited more than one year.** We found these 13 residents' wait times ranged from approximately 6.5 months to 3.8 years. We did not examine the various reasons why individuals may be waiting for placement.

Resident Orientation and Agreement

We found resident orientation often did not comply with the standards. The standards required facilities to provide and document orientation to residents. We reviewed resident orientation documentation for a sample of 51 residents placed in long term care facilities between April 1, 2024, and March 31, 2026. **We found 21 of 51 residents (41 per cent) we sampled across all five regional zones did not have documented evidence of completed orientation.**

We found resident agreements often did not comply with the standards. The standards required facilities to ensure that residents signed an agreement outlining the expectation of the resident and the facility regarding provision and acceptance of services. We reviewed resident agreement documentation for a sample of 51 residents. **We found nine of 51 residents (18 per cent) did not have a signed resident agreement.**

Why It Matters

Long term care placement decisions affect some of the province's most vulnerable residents. Effective admission, waitlist management, and placement processes help ensure residents receive appropriate care in a timely manner and are placed in settings capable of meeting their needs. Incomplete applications, inaccurate waitlist information, and inconsistent admission processes limit the ability of decision-makers to assess demand, allocate resources, and ensure equitable access to long term care services. Delays in placement can negatively affect resident health, quality of life, and caregiver well-being.

Long term care waitlist management also impacts emergency and acute care bed management, as individuals may be in those beds awaiting placement.

Resident orientation and agreements are important tools to help residents and families understand available services, resident rights and responsibilities, complaint processes, facility expectations, and the respective roles of residents and the facility. When orientation is not completed or resident agreements are not executed, residents and families may be unaware of important information regarding care, services, and available supports, and may not fully understand the expectations and responsibilities of both parties. This can contribute to misunderstandings, confusion, safety risks, and challenges in addressing concerns or resolving issues.

What We Recommend

Newfoundland and Labrador Health Services should:

1. Implement processes to ensure complete and accurate waitlist and wait time data is available for monitoring and comparison against established benchmarks.
2. Ensure resident admission and placement processes are defined and consistently followed, including maintaining complete and up-to-date applications, documenting resident orientation, and executing resident agreements, in accordance with the standards and relevant policies and procedures.

Findings – Assessments and Integrated Care Plans

Objective 1 To determine whether long term care residents are provided with quality care and services that meet their needs.

Criteria 2 NL Health Services ensures initial resident assessments and integrated care plans are completed in accordance with the standards and relevant policies.

What We Expected

We expected NL Health Services staff to complete initial resident assessments and integrated care plans in a timely manner and in accordance with the standards, the Long Term Care Referral Criteria Policy, and other relevant policies and procedures.

We expected initial resident assessments to accurately identify resident needs, risks, and care requirements, and that integrated care plans would be initiated, developed, documented, reviewed, and updated timely in accordance with the standards and relevant policies.

We expected integrated care plans to be developed with input from the interdisciplinary care team and to include all information required by the standards, including assistance with activities of daily living, medical treatments, rehabilitation, communication, nutrition, recreation, spiritual preferences, advanced health care directives, and any other resident-specific needs identified through assessment.

What We Learned

Initial Resident Assessments

We found there were no established standards or specific timelines from when an individual requested an assessment for residential care, to when that assessment was completed. We reviewed initial resident assessment documentation for a sample of 46 long term care residents in order to examine the timeliness from initial request to initial resident assessment. **We found six of 46 initial resident assessments (13 per cent) across four of 23 homes (17 per cent) were completed between 9.4 months and 1.9 years after the placement request, an average of approximately 15 months.**

Resident Integrated Care Plans

We found resident integrated care plans were not always completed in a timely manner or in compliance with the standards. The standards required resident care plans to be initiated upon admission, but **we found the standards did not include a timing requirement for completion of integrated care plans.** Additionally, the standards required that resident care plans be comprehensive, developed with input from the interdisciplinary care team, and address all aspects of a resident's care, health, safety, preferences, and support needs.

We reviewed integrated care plan documentation for a sample of 51 residents from 28 facilities between April 1, 2024, and March 31, 2026. We found:

- **Care plans were not available for three of 51 residents (six per cent) across two of 28 facilities (seven per cent), both in the Central region;**
- **Care plans were incomplete for 39 of 51 residents (76 per cent) across 21 of 28 facilities (75 per cent). Required information such as assistance with activities of daily living (including bathing, dressing, and mobility), mental and emotional status, and safety and security risks and measures were not included;**
- Care plan initiation date was not documented for 28 of 51 care plans (55 per cent) from 15 of 28 facilities (54 per cent); and
- **Care plans for three of 51 residents (six per cent) across two of 28 facilities (seven per cent), located in the Central and Eastern Urban regions, were initiated with delays ranging from three days to 5.6 years. The average delay of these three was 2.3 years.**

We found resident integrated care plans were not consistently reviewed and updated on a quarterly basis as required by the standards. The standards required resident care plans to be reviewed and updated at least quarterly, or more frequently, as care needs changed. However, **we found care plans for 39 of 51 residents (76 per cent) across 21 of 28 facilities (75 per cent) were not reviewed and updated on a quarterly basis.**

Why It Matters

Initial resident assessments and integrated care plans form the foundation of quality resident care. They help ensure that care decisions are based on accurate and current information and that staff understand resident needs, preferences, risks, and goals.

When initial resident assessments are delayed, incomplete, or outdated, there is an increased risk that residents may not receive appropriate care, services, or support. Inaccurate or incomplete care plans may also affect resident safety, quality of life, and continuity of care. Residents in long term care often have complex, progressive, or fluctuating physical and cognitive conditions that need to be reflected in their integrated care plans on a timely basis.

What We Recommend

Newfoundland and Labrador Health Services should:

3. Establish and enforce timelines for completing initial resident assessments and integrated care plans and monitor compliance with those timelines.
4. Ensure integrated care plans are complete, current, and regularly reviewed and updated in accordance with the standards.

Findings – Staff Qualifications and Training

Objective 1 To determine whether long term care residents are provided with quality care and services that meet their needs.

Criteria 3 NL Health Services ensures long term care residents have access to qualified, adequately trained staff in accordance with the standards and relevant policies.

What We Expected

We expected NL Health Services to ensure long term care residents had access to qualified and adequately trained staff in accordance with the standards, applicable professional requirements, and NL Health Services hiring and human resource policies.

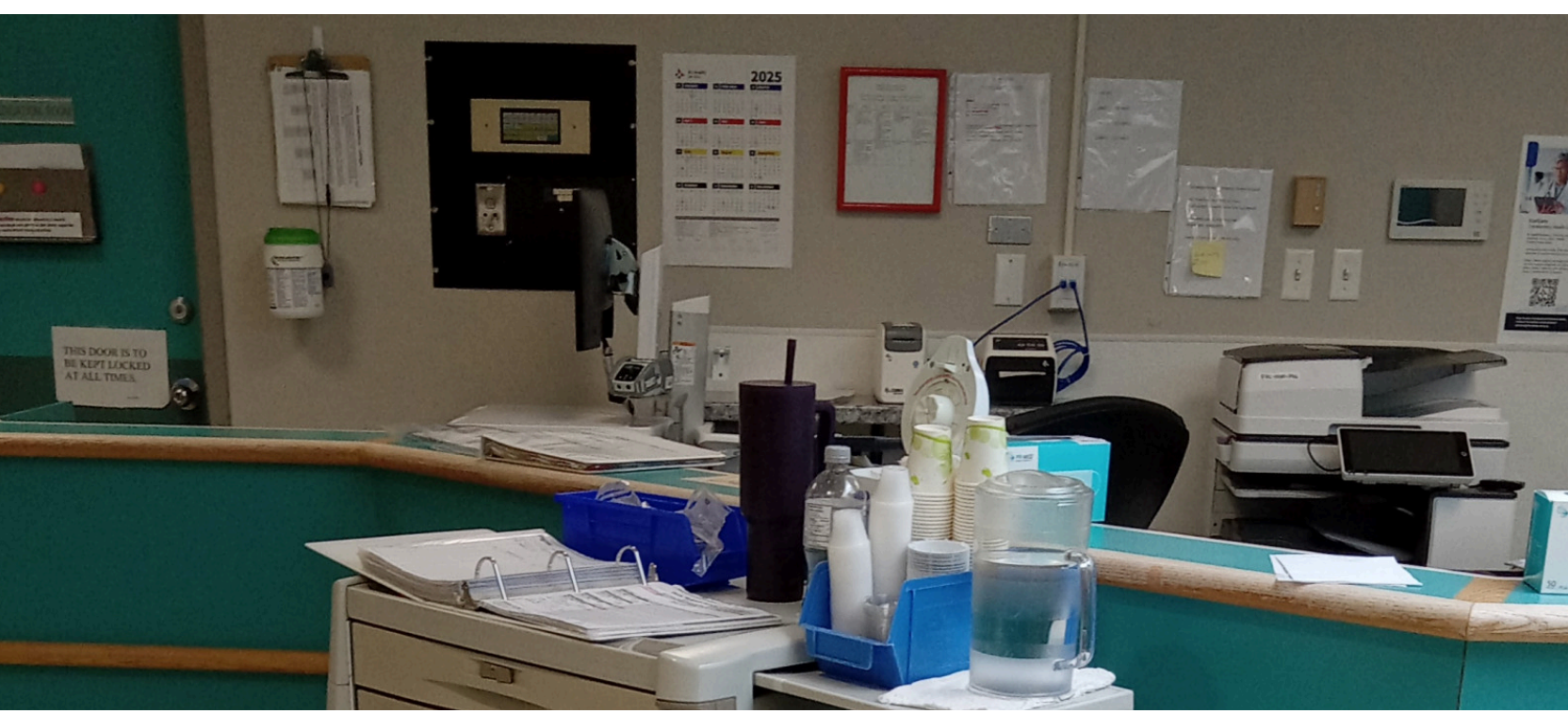
We expected hiring processes to verify background screening and licensure requirements in accordance with the standards and relevant policies and procedures.

We also expected staff performance evaluations, orientation, mandatory training, and ongoing education to be completed, documented, and monitored in accordance with the standards and relevant NL Health Services policies and procedures.

What We Learned

Staff Background Screening Documentation

We found required background screening was not always completed or documented in a timely manner in accordance with established guidelines. NL Health Services had established guidelines requiring background screening, including criminal record and vulnerable sector checks, prior to hiring staff in long term care facilities.



We examined staff hiring documentation for a sample of 150 long term care employees from the 15 facilities we visited and found issues with completion and timeliness of criminal and vulnerable sector checks. **We found 27 criminal record checks (18 per cent) and 39 vulnerable sector checks (26 per cent) were missing. We found 10 criminal record checks (seven per cent) and six vulnerable sector checks (four per cent) were conducted over a year before the hire date.** These noncompliances by region are outlined in Table 1**. We also found six criminal record checks (four per cent) and five vulnerable sector checks (three per cent) were conducted after the hire date.**

Table 1: Staff Background Screening

Region	Missing		Not Current	
	Criminal Record Check	Vulnerable Sector Check	Criminal Record Check	Vulnerable Sector Check
Eastern Urban	7	12	3	1
Eastern Rural	10	8	2	1
Central	6	9	4	3
Western	0	2	0	0
Labrador-Grenfell	4	8	1	1
Total	**27**	**39**	**10**	**6**
Percentage of Sample	**18%**	**26%**	**7%**	**4%**

Source: Prepared by the Office of the Auditor General from information provided by NL Health Services.

Staff Licensure Verification

We found staff licensure verifications were not always documented per the standards. The standards required facilities to ensure hiring of qualified staff, including licensure verification where applicable (such as for registered nurses, licensed practical nurses, and social workers), through documented policies and procedures. In addition, NL Health Services had established guidelines requiring proof of licensure as applicable. We reviewed staff licensure documentation for a sample of 150 employees from the 15 facilities we visited. **We found licensure verification records were not present in 27 of 150 staff files (18 per cent) across nine of 15 facilities (60 per cent). We found 17 of those 27 cases (63 per cent) were from Eastern Rural region.**

Staff Performance Appraisals

We found annual performance evaluations were frequently not conducted or documented per the standards. The standards required facilities to conduct staff performance evaluations on an annual basis. We reviewed staff performance appraisal documentation for a sample of 150 employees from the 15 facilities we visited. **We found performance appraisal forms were not available in 124 of 150 staff files (83 per cent) across all 15 facilities we sampled (100 per cent).**

Staff Orientation and Training

We found staff orientation and training did not always comply with the standards. The standards required staff receive orientation and in-service education. We reviewed staff orientation and training documentation for a sample of 150 employees from the 15 facilities we visited. **We found staff orientation was not completed per the standards in 64 of 150 staff files (43 per cent), and 43 of 150 staff files (29 per cent) had no training record or an incomplete training record.** Noncompliances per region are outlined in Table 2.

Table 2: Staff Orientation and Training

Region	Staff Orientation	Training Records		
	Not Completed	No Training Record	Incomplete Training Record	Total
Eastern Urban	25	4	9	13
Eastern Rural	12	9	0	9
Central	18	15	0	15
Western	1	3	0	3
Labrador-Grenfell	8	3	0	3
Total	**64**	**34**	**9**	**43**
Percentage of Sample	**43%**	**23%**	**6%**	**29%**

Source: Prepared by the Office of the Auditor General from information provided by NL Health Services.

Why It Matters

Long term care residents rely on staff to provide safe and appropriate care, often for complex medical, physical, and cognitive needs. Effective hiring, training, and performance management processes are essential to ensuring staff possess the knowledge, skills, and competencies required to perform their duties.

Weaknesses in screening, training, or qualification verification impact resident safety, and increase the risk of errors, inconsistent care practices, and reduced quality of service. Ongoing training and performance assessments help ensure staff remain competent and responsive to evolving resident care needs.

What We Recommend

Newfoundland and Labrador Health Services should:

5. Ensure all staff meet hiring requirements, including completion and documentation of background checks, qualification verification, and licensure requirements, in accordance with established guidelines.
6. Ensure staff receive required orientation, training, and performance evaluations, and that completion is consistently documented and monitored, in accordance with the standards and relevant policies and procedures.

Findings – Food Quality and Service

Objective 1 To determine whether long term care residents are provided with quality care and services that meet their needs.

Criteria 4 NL Health Services ensures long term care facilities provide food quality and service to residents in accordance with the standards and relevant policies.

What We Expected

We expected long term care facilities to provide food services that met nutritional, safety, and quality requirements in accordance with the standards, food safety guidelines, and relevant policies and procedures.

We expected facilities to implement menu planning and nutrition requirements established by the standards, maintain safe food storage and food handling practices, complete and maintain required swallowing assessments, monitor and address food-related complaints, and ensure meals reflected resident's assessed dietary needs, preferences, and clinical requirements.

What We Learned

Menu Planning

We found menu planning was not in compliance with the standards, as six-week rotating menus were not implemented and followed across facilities. The standards required that long term care facilities provided a minimum six-week rotating menu. We visited 15 long term care facilities and performed onsite procedures related to food service and kitchen operations. **We found the minimum six-week rotating menus were not in place at any of the 15 facilities we visited.** Of the facilities visited, 11 of 15 (73 per cent) used a three-week rotating menu, two of 15 (13 per cent) used a one-week menu, and the remaining two (13 per cent) used a daily menu. In addition, we observed meals being served that did not match the posted menu in six of 15 (40 per cent) of our visits.

Publicly Available Food Safety Inspections

We found food safety inspection deficiencies were not always resolved in accordance with the Memorandum of Understanding (MOU) with the Department of Government Services. The Department of Government Services was responsible for performing food premises inspections of long term care facilities in accordance with the Memorandum of Understanding (MOU) with the Department of Health and Community Services established in 2023. During inspections, critical items were required to be rectified prior to an Environmental Health Officer leaving the premises while non-critical deficiencies were assigned timelines for correction.

We reviewed publicly available food safety inspection reports for a sample of 30 long term care facilities. **We found three of 30 facilities (10 per cent), from Central (two) and Western (one) had non-critical observations and corrective actions identified during inspections conducted in 2024 that remained unresolved as of March 30, 2026.** For instance, one facility in Central had a non-critical issue related to a steam kettle floor drain not draining properly that remained unresolved across multiple inspections. **We also found in the other facility in Central that had unresolved non-critical items from 2024, that a critical item was identified during a 2026 inspection that was not resolved before the inspector left the premises, in contradiction of the MOU. Specifically, residents were able to access the serving area during food service, increasing the risk of food contamination.**

Food Storage Practices

We found food storage practices were not consistently maintained across facilities in accordance with the standards. The standards required that correct sanitation and food handling procedures be implemented by staff, monitored and evaluated. We visited 15 long term care facilities and performed onsite procedures related to food service and kitchen operations. During on-site inspections, we observed the following food-related conditions that affected resident safety and food quality:

- **Expired or spoiled food items in refrigerators or freezers in two of 15 facilities (13 per cent) - one in Eastern Rural and one in Eastern Urban; and**
- **Food storage areas were not clean or well organized in three of 15 facilities (20 per cent) - one in Central, one in Eastern Rural, and one in Western. Examples included unsealed food items, and food and cartons on the floor.**

Food-Related Complaints

NL Health Services did not have a process for documenting and monitoring food-related complaints in accordance with the standards; therefore, food-related complaints were not documented and monitored. The standards required that facilities had written policies and procedures available to residents outlining how complaints should be reported and addressed. **However, we found no written policies or procedures that outlined how to report food-related complaints.**

We found a total of 18 food-related complaints in nine of 15 homes (60 per cent). Complaints included meal service, portion size, diet texture, resident preferences, and menu adherence.

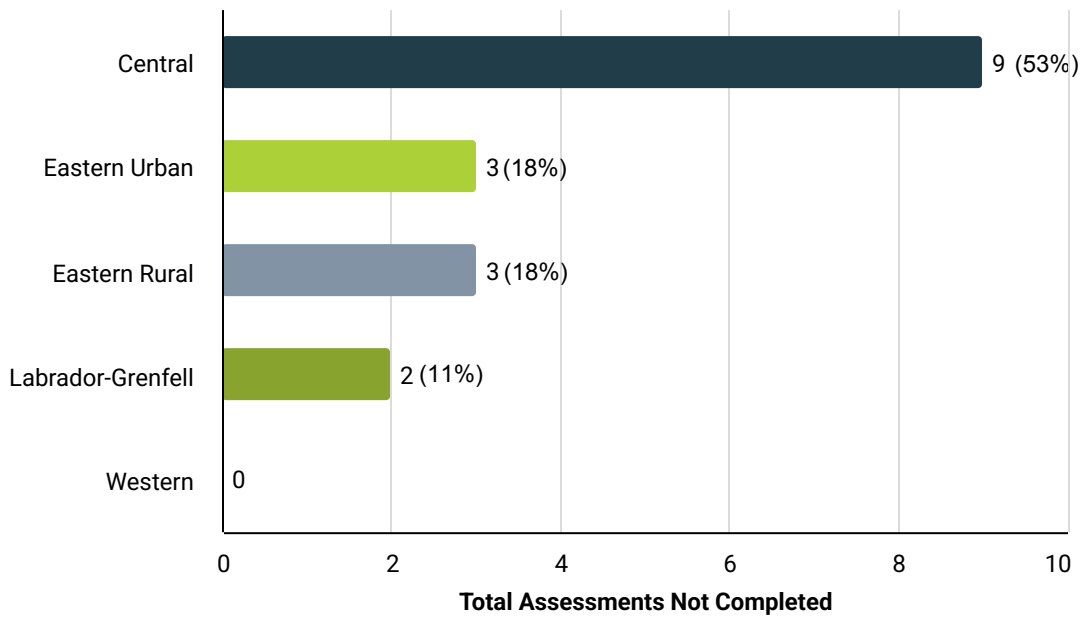
We assessed how food-related complaints were documented, tracked and monitored for 30 long term care facilities. **We found 15 of 30 facilities (50 per cent), did not maintain a formal log of food-related complaints. Of these 15 facilities, eight (53 per cent) had no formal mechanism for resident feedback on food quality or service**. In addition, we found four of 18 food-related complaints (22 per cent) were not dated, and three of 18 (17 per cent) did not include a documented resolution.

Meal Service Safety and Supervision

Effective food service requires not only meeting nutritional and food safety requirements, but also identifying and managing risks associated with meal consumption. Accordingly, we examined swallowing assessments and meal service supervision. **We found resident swallowing assessments were not always completed or maintained in accordance with policy requirements.** NL Health Services established a policy that required a registered nurse or licensed practical nurse to complete swallowing assessments for residents, which is a tool to identify resident choking and aspiration risks. This tool was required to be completed upon admission, every three months, and when there was a change in resident condition.

We reviewed swallowing assessments for a sample of 51 residents from 27 facilities. **We found 17 of 51 swallowing assessments were not completed (33 per cent). We found Central region accounted for more than half (nine of 17 – 53 per cent) of all swallowing assessments that were not completed** as shown in Figure 5.

Figure 5: Required Swallowing Assessments Not Completed by Zone



Source: Prepared by the Office of the Auditor General from information provided by NL Health Services.

We also found 16 of 51 swallowing assessments (31 per cent) were not completed every three months, in accordance with policy.

We found risks to resident safety during meal service. NL Health Services established a policy that required staff to receive training in choking intervention. **We found staff assistance during meal service in the dining area was inadequate in three of 15 facilities we visited (20 per cent):**

- **Two facilities, one in Eastern Rural and one in Central, did not have enough staff to support meal service; and**
- **One facility in Eastern Urban had food service workers assisting and monitoring residents during meals. These staff indicated they were not permitted to intervene medically in the event of resident choking but would contact nurses to intervene as required.**

We also found in three of 15 (20 per cent) of our facility visits, kitchen staff had not received appropriate training to respond to choking incidents, in contradiction of policy.

Why It Matters

Food quality and service are critical components of resident health and well-being. They are key factors in overall satisfaction, emotional well-being, and physical health for residents. Many long term care residents are at increased risk of malnutrition, dehydration, swallowing difficulties, including choking, and other conditions that require specialized dietary support.

Weaknesses in food quality, meal service, food safety, or complaint monitoring may negatively affect resident health outcomes, quality of life, and resident satisfaction. Effective food service processes help ensure residents receive safe, nutritious, and appropriate meals. Notwithstanding the requirement under the standards, monitoring and responding to complaints ensures that food related health issues and resident rights are considered promptly and appropriately

What We Recommend

Newfoundland and Labrador Health Services should:

7. Implement standardized food service practices to ensure compliance with nutritional, food safety, and meal service requirements, in accordance with the standards and relevant policies and procedures.
8. Establish and monitor processes to document, track, and resolve food-related complaints and food safety deficiencies, in accordance with the standards.

Findings – Staffing Levels and Skill Mix

Objective 1 To determine whether long term care residents are provided with quality care and services that meet their needs.

Criteria 5 NL Health Services ensures long term care facilities maintain staffing levels and skill mix in accordance with the standards and relevant policies.

What We Expected

We expected the Department of Health and Community Services and the Department of Seniors to establish and communicate provincial expectations for staffing levels, hours of care, and staffing skill mix in long term care facilities, in accordance with the standards and relevant guidance. We also expected the departments to monitor compliance with those expectations and use staffing information to support oversight of the Long Term Care Program.

We expected NL Health Services to establish processes to calculate, monitor, and report staffing levels, hours of care, and staffing skill mix in accordance with provincial expectations, resident care needs, and operational requirements. We expected staffing resources to be planned, allocated, monitored, and adjusted based on resident needs to support safe, effective, and consistent care delivery.

What We Learned

We found the Department of Health and Community Services, the Department of Seniors, and NL Health Services did not adequately establish, monitor, or report on hours of care and staffing skill mix in long term care facilities.

Resident Hours of Care

We found the departments had not established formal provincial guidelines for hours of care in long term care facilities, as required by the standards. The standards required long term care facilities to have a system to determine staffing numbers in accordance with department guidelines for hours of care. However, no such provincial guidelines had been established.

In the absence of provincial guidance, NL Health Services advised that it used a benchmark of 3.5 hours of care per resident per day. This benchmark included hours provided by registered nurses (RNs), licensed practical nurses (LPNs), and personal care attendants (PCAs). It was based on recommendations from a 2006 provincial review, which recommended between 3.2 and 3.5 hours of care per day for level three residents and a minimum of four hours of care per day for level four residents. Other Canadian jurisdictions established minimum staffing benchmarks ranging from 3.3 to 3.6 hours of care per resident per day, while the national benchmark set by the Health Standards Organization was 4.1 hours per resident per day.

We found NL Health Services did not maintain or monitor staffing levels in long term care facilities. NL Health Services conducted an analysis of budgeted staffing and hours of care as of March 31, 2024, to assess whether facilities met the 3.5 hour benchmark. **We found 21 of 36 facilities (58 per cent) were operating below the targeted benchmark at that time, and staffing adjustments were identified to achieve the target. We further found NL Health Services had not calculated or monitored budgeted or actual hours of care to make the appropriate staffing adjustments between April 1, 2024, and March 31, 2026. As a result, we were unable to determine whether residents received the targeted level of care.**

Staffing Skill Mix

We found the Department of Health and Community Services established staffing skill mix expectations in 2020. The expected staffing model consisted of:

- Registered Nurses (RNs): 14 per cent;
- Licensed Practical Nurses (LPNs): 26 per cent; and
- Personal Care Attendants (PCAs): 60 per cent

We found neither the department nor NL Health Services monitored compliance with these expectations. NL Health Services completed a provincial skill mix ratio analysis as of March 31, 2024, which calculated the ratio based on current budgeted hours. **We found the March 2024 analysis showed that none of the regions aligned with the skill mix ratio set out in the 2020 memo. Specifically, PCA percentages were consistently less than the target ratio, while LPN percentages were all above the target ratio.** The analysis also identified facilities that would require staffing adjustments to achieve the targeted ratios. Regional results are shown in Table 3 below.

Table 3: Average Skill Mix Ratio Per Region as of March 31, 2024

	Target Ratio	Eastern Urban	Eastern Rural	Central	Western	Labrador Grenfell
RN	14%	13%	13%	9%	19%	2%
LPN	26%	42%	39%	58%	54%	51%
PCA	60%	45%	48%	33%	27%	47%

Source: Prepared by the Office of the Auditor General from information provided by NL Health Services.

We found the departments and NL Health Services could not provide documentation demonstrating ongoing monitoring of facility-level skill mix ratios. **We found NL Health Services did not update, formally monitor, or report on provincial skill mix analysis between April 1, 2024, and March 31, 2026.** As a result, there is no evidence that staffing models remained aligned with departmental expectations, resident complexity, or evolving care requirements.

To better understand how staffing variances differed by staff group, we analyzed actual skill mix in long term care units against the required ratios. We reviewed one 24-hour staffing schedule for each of the 66 units from 30 long term care facilities. **We found while current LPN staffing levels frequently exceeded the target skill mix ratios, current RN and PCA staffing levels most often fell below the required ratios. Specifically, we found:**

- **thirty-four of 66 units (52 per cent) across 24 of 30 facilities (80 per cent) were below the target RN staffing ratio;**
- **forty-nine of 66 units (74 per cent) across 26 of 30 facilities (87 per cent) were below the target PCA ratio; and**
- **fifty-two of 66 units (79 per cent) across 28 of 30 facilities (93 per cent) were above the target LPN ratio.**

During our review, we identified ten of 66 units (15 per cent) across four of 30 facilities (13 per cent) where no RN or LPN coverage was available during the 24-hour period analyzed. Specifically, we found no LPN hours were reported for two units, and no RN hours were reported for five units, including four units where the only RN assigned was on leave. We also identified one facility where a single RN provided coverage across three units.

We found the 2025 Long Term Care and Personal Care Home Programs Review supported progression toward a staffing model consisting of approximately 70 per cent PCAs and 30 per cent combined RN and LPN staffing. This would allow Registered Nurses to focus on clinical assessment, care planning and oversight, LPNs to focus on direct nursing care, and PCAs to focus on personal and supportive care. The report noted that shifting the staff mix towards a higher proportion of PCAs could allow RNs and LPNs to work to their full scope of practice and align the provincial staff mix in Newfoundland and Labrador with other Canadian provinces. **Despite this report, we found no formal direction had been issued to NL Health Services to implement or monitor this model as of March 31, 2026. Further, we found no updated provincial staffing ratios had been formally established.**

Why It Matters

Long term care residents often have complex medical, physical, cognitive, and behavioural care needs that require appropriate staffing levels and a suitable mix of clinical and support staff. Staffing levels and skill mix are among the most significant factors influencing the quality, safety, and timeliness of resident care. For example, registered nurses are required to provide clinical leadership, assessment, and complex care management. Licensed practical nurses provide routine nursing care, and both RNs and LPNs administer medications to residents. PCAs provide personal care and resident support, which is the majority of required work in long term care facilities.

Without clearly established and monitored provincial guidelines for hours of care and staffing skill mix, decision-makers cannot determine whether facilities are appropriately staffed to meet resident needs. In addition, the absence of reliable staffing and skill mix information limits the ability of both NL Health Services and the Department of Seniors to assess system performance, identify emerging staffing risks, and allocate resources effectively, which can lead to staff burnout and risks to resident safety and quality of life.

What We Recommend

The Department of Seniors should:

9. Establish and enforce provincial guidelines for staffing levels, hours of care, and staffing skill mix in long term care facilities.

Newfoundland and Labrador Health Services should:

10. Ensure that staffing levels and staffing skill mix satisfy those expected by the Department of Seniors.

Findings – Therapeutic Recreation Services

Objective 1

To determine whether long term care residents are provided with quality care and services that meet their needs.

Criteria 6

NL Health Services ensures long term care residents have access to a variety of therapeutic recreation services in accordance with the standards and relevant policies.

What We Expected

We expected long term care facilities to provide therapeutic recreation services in accordance with the standards and relevant policies and procedures. Specifically, we expected recreation to be delivered, documented, and monitored based on residents' assessed recreation and leisure needs, preferences, and interests, and to be incorporated into resident integrated care plans as required by the standards.

What We Learned

Recreation Schedule and Attendance

We found observed recreational activities mostly aligned with scheduled recreation activities. The standards required facilities to provide residents with access to a variety of recreational therapy services, programs and interventions. The standards also required that residents be made aware of current and forthcoming recreation therapy activities. We assessed whether scheduled recreation activities matched actual services offered. **We found the majority of facilities we visited (14 of 15 facilities – 93 per cent) were operating in accordance with the recreation schedule.**

The standards also required facilities to maintain recreation attendance records. We reviewed the recreation attendance records of 46 long term care residents across 24 long term care facilities. **We found 38 of 46 (83 per cent) resident files across 23 of 24 facilities (96 per cent) included detailed recreation attendance records.** We found attendance records for seven of 46 residents (15 per cent) from one facility in the Eastern Urban region were incomplete, as they included monthly participation numbers but did not specify the type of recreation activities the residents attended.

Activities Based on Resident Needs

We found recreation activities were not always planned in accordance with the standards. The standards required facilities to identify the recreation and leisure needs of residents as part of the initial assessment process and incorporate them into resident integrated care plans. We sampled 14 units within the 15 facilities we visited. **We found that, in 11 of 14 units (79 per cent) within five of 15 facilities visited (33 per cent), recreation activities were not always planned based on resident needs or were not consistently delivered.**

We found NL Health Services usually followed the standards to include resident recreational needs in their integrated care plans. We found most integrated care plans included information on the recreational needs of residents. The standards required facilities to identify resident recreation and leisure needs as part of the initial assessment process and incorporate into their integrated care plans. **We reviewed the integrated care plans of 46 long term care residents and found 43 (93 per cent) included recreation and leisure needs.**

Why It Matters

Therapeutic recreation plays an important role in promoting physical, emotional, social, and cognitive well-being. Meaningful recreation opportunities contribute to resident quality of life, engagement, independence, and social interaction. When recreation services are inconsistent, inaccessible, or not aligned with resident needs, residents may experience reduced participation, social isolation, and diminished quality of life.

What We Recommend

Newfoundland and Labrador Health Services should:

11. Ensure therapeutic recreation services are consistently planned and delivered based on resident needs, and evaluated for effectiveness, in accordance with the standards and relevant policies and procedures.

Findings – Medication Management

Objective 1 To determine whether long term care residents are provided with quality care and services that meet their needs.

Criteria 7 NL Health Services ensures medications are managed in accordance with the standards and relevant policies.

What We Expected

We expected NL Health Services to manage, store, administer, and monitor medications in accordance with the standards, pharmacy requirements, and relevant medication management policies and procedures.

We expected controlled substances, including narcotics, to be securely stored and access controlled in accordance with the standards, and medication administration practices to protect resident safety, privacy, and security.

We expected NL Health Services to maintain oversight of pharmacy services in accordance with the standards and relevant contracts, policies, and procedures. Specifically, we expected that they ensured pharmacy contracts were current, pharmacist responsibilities were clearly defined, drug storage reviews were completed, and medication management practices were monitored.

We also expected standardized processes for the review and management of high-risk medications, including antipsychotic medications, in accordance with applicable policies.

What We Learned

Medication Storage and Administration

We found long term care facilities did not consistently comply with the standards related to medication storage. The standards required facilities to maintain controlled substances in a separate locked cupboard or other secure place to be accessed only by a registered nurse or licensed practical nurse proficient in medication administration. We visited 15 long term care facilities and performed onsite procedures related to medications. **We found controlled substances, such as narcotics, that were not stored in a double locked cupboard system in four of 15 facilities (27 per cent) we visited.** We also found the required staff did not have the spare keys to access controlled substances in two of 15 facilities (13 per cent) we visited.

We found there was no specific standard or policy regarding the location of medication administration records or medication carts. **However, we found resident medication administration records were not kept in a secure location in seven of 15 facilities (47 per cent) we visited. We also found two facilities during our site visits in Western region (13 per cent) had unlocked medication carts.**

Pharmacy Contracts

We found pharmacy contracts were not always in accordance with the standards. The standards required long term care facilities to appoint or have a contract with a qualified pharmacist to be direct and accountable for its pharmacy services, including maintenance of resident drug profiles and quarterly reviews of drug storage practices.

Pharmacy contracts were established on a regional basis. We requested contracts for 30 long term care facilities. **We found three facilities in Central were not covered by an existing contract.** There were nine other contracts covering the remaining 27 facilities in our sample. **We found:**

- **One pharmacy contract in Eastern Rural was expired.**
- **Three of eight (38 per cent) pharmacy contracts were not signed prior to the pharmacy dispensing medication. For example, one contract was effective in June 2022, but was not signed by both parties until December 2025.**
- **Required responsibilities were not included in two of eight (25 per cent) pharmacy contracts reviewed. Specifically,**
  - **one facility in Eastern Urban (13 per cent) did not include responsibility for the direction and accountability of pharmacy services, did not include responsibility to maintain a drug profile, and did not include responsibility to conduct quarterly drug storage reviews; and**
  - **two facilities in Eastern Rural (25 per cent) did not include responsibility to conduct quarterly drug storage reviews.**

Drug Storage Reviews

We found drug storage reviews were frequently not completed in accordance with the standards; specifically, fewer than half of required reviews were completed. The standards required drug storage practices at each long term care facility to be reviewed on a quarterly basis by a qualified pharmacist.

We examined drug storage review documentation for a sample of 30 long term care facilities for the inspections conducted between between April 1, 2024, and March 31, 2026. **We found 25 of 30 facilities (83 per cent) did not conduct drug storage reviews on a quarterly basis. Specifically, of the 240 required quarterly drug storage reviews between April 1, 2024 and March 31, 2026, 126 reviews were missing (53 per cent).**

Why It Matters

Long term care residents often rely on multiple medications to manage complex health conditions. Effective medication management is critical to ensuring medications are administered safely, securely, and appropriately, while reducing the risk of medication errors, overuse of antipsychotics, access to controlled substances, adverse drug events, and harm to residents.

Strong oversight of pharmacy services, medication storage, and medication reviews helps ensure medications remain appropriate for resident needs, supports quality of care, and protects vulnerable residents from avoidable health and safety risks. Weaknesses in medication management may compromise resident health, privacy, and safety, and reduce confidence in the quality of care provided.

What We Recommend

Newfoundland and Labrador Health Services should:

12. Ensure medications, controlled substances, medication carts, and medication records are securely stored and appropriately managed, in accordance with the standards and relevant policies and procedures.
13. Establish standardized provincial processes for medication management, including antipsychotic medication oversight, pharmacy services, and drug storage reviews, in accordance with the standards and relevant policies and procedures.

Findings – Resident Safety

Objective 1 To determine whether long term care residents are provided with quality care and services that meet their needs.

Criteria 8 NL Health Services ensures resident safety in accordance with the standards and relevant policies.

What We Expected

We expected NL Health Services to maintain safe environments for residents and implement processes to identify, assess, monitor, report, and respond to resident safety risks in accordance with the standards, relevant policies, and legislative requirements.

We expected long term care facilities to comply with requirements related to resident supervision, restraint management, privacy and confidentiality, complaint management, occurrence reporting, emergency preparedness, fire safety, and other resident safety practices established by the standards and relevant policies and procedures.

We also expected the Department of Health and Community Services and NL Health Services to investigate, monitor, and respond appropriately to resident safety concerns and occurrences, and to implement corrective actions as required to reduce the risk of recurrence and support continuous improvement in resident safety.

What We Learned

We found significant weaknesses in resident safety practices across long term care facilities. Deficiencies were identified in physical safety, restraint management, resident monitoring, complaint management, privacy protections, occurrence reporting mechanisms, and emergency preparedness.

Resident Environment

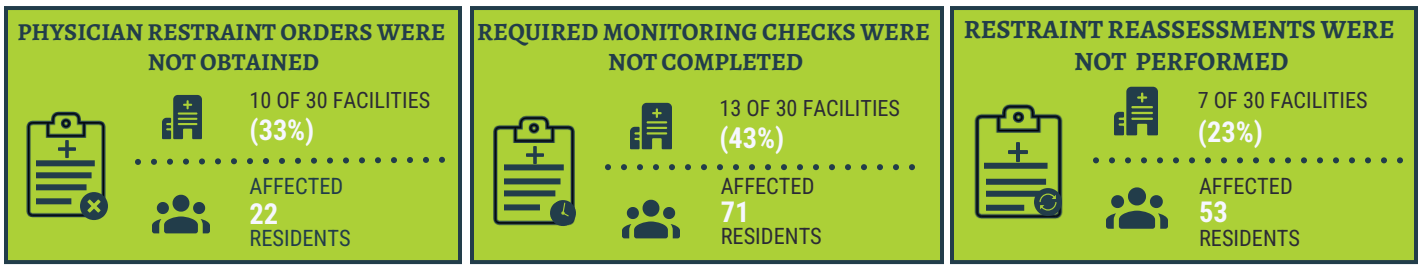
We found long term care facilities did not consistently provide residents with a safe, clean, and healthy environment in accordance with the standards. The standards required facilities to provide residents with a safe, clean and healthy environment, including maintaining safe flooring conditions and ensuring potentially dangerous substances were stored in locations inaccessible to residents. **We found eight of 15 facilities (53 per cent) visited had physical safety hazards or environmental concerns. These included cluttered hallways, tripping hazards, holes in flooring, glare floors, scatter mats, exposed heating equipment, unsafe storage of potentially dangerous substances, and other conditions that posed a risk of injury to residents and staff.**

Least Restraint Policy

We found restraint management practices were not always compliant with the Least Restraint Policy in accordance with the standards. The Least Restraint Policy required that if restraints must be used on a resident as a last resort, a restraint order must be ordered by a physician with written consent obtained from the family or a legal representative to continue the restraint. The policy also required that a physically restrained resident be monitored at least every 15 minutes to ensure personal safety and comfort. Further, the policy required that appropriate team members should evaluate residents every 24 hours to reassess ongoing need for the restraint. We reviewed restraint documentation from of a sample of 30 long term care facilities.

We found serious deficiencies in physician orders, monitoring, and reassessment practices, as outlined in Figure 6.

Figure 6: Restraint Findings by Policy Requirement



Source: Prepared by the Office of the Auditor General from information provided by NL Health Services.

Additionally, **we found Central region had the majority of affected residents across all three restraint categories we tested, impacting nine residents where physician restraint orders were not obtained, 47 residents where required monitoring checks were not completed, and 47 residents where restraint reassessments were not performed.**

Security and Privacy of Resident Documentation

We found NL Health Services did not consistently follow their processes to maintain resident safety concern data. We found inconsistent documentation practices, incomplete safety monitoring, and delayed complaint responses.

We found resident documentation was often not secured or protected from unauthorized access in accordance with the standards. The standards required facilities to provide residents with personal privacy and privacy of their possessions. We visited 15 long term care facilities and performed onsite procedures to assess whether confidential resident files were stored securely onsite. **We found resident documentation was not stored securely or protected from unauthorized access in nine of 15 facilities (60 per cent). We found documentation was accessible in unlocked and unattended nursing stations or storage areas, creating risks to both the security of resident records and the protection of resident privacy. Findings included resident charts and binders stored in open nursing stations, unsecured cupboards, accessible carts, or unlocked offices, along with computers containing resident information left unattended with login credentials visible.**

Resident Safety Checks

We found resident safety checks were not always completed and documented at the beginning of shifts. During our review, the only documented policy governing resident safety checks was the Bed Entrapment Policy used in the Eastern region, which required Licensed Practical Nurses and Personal Care Attendants to complete and document a safety check of assigned residents at the start of every shift.

As noted previously, NL Health Services had not yet established standardized provincial policies for long term care facilities. In the absence of a provincial policy, we used the Eastern Bed Entrapment Policy as the benchmark for our review because it was the only formal guidance available and outlined a reasonable expectation for resident safety monitoring. **We reviewed resident safety check documentation in the 15 long term care facilities we visited and found resident safety checks were not completed per policy at the beginning of shifts in five of 15 facilities (33 per cent).**

Additionally, **we found cognitively impaired residents were not always accounted for in accordance with the standards.** The standards required facilities to ensure that cognitively impaired residents were accounted for at least hourly or in accordance with the frequency determined in their care plan. We visited 15 long term care facilities and verified documentation showing whether cognitively impaired residents were accounted for in accordance with their care plan. **We found 22 cognitively impaired residents in 11 of 15 facilities (73 per cent) had not been accounted for on an hourly basis or in accordance with the frequency determined in their care plans.**

Complaints

We found NL Health Services did not consistently respond to complaints within the required timeframe in accordance with the standards. Complaints were an important mechanism for identifying resident safety concerns and service quality issues. As a result, we assessed whether complaints were responded to and resolved within the timelines established by the standards. Complaints were made by patients, family members, or any other individuals to the management of the long term care facility.

The standards required that an initial response to complaints be completed within two business days, and a full response, based on investigation results, be completed within one month. We assessed 46 complaints found in 20 facilities between April 1, 2024, and March 31, 2026. **We found:**

- **19 of 46 complaints (41 per cent) from 12 of 20 homes (60 per cent) did not meet the required two-day initial response time; and**
- **15 of 46 complaints (33 per cent) from 12 of 20 homes (60 per cent) did not meet the required one-month full response time.**

We found 30 of 46 complaints (65 per cent) related to quality care and clinical issues (18), and communication and experience issues (12), as presented in Table 4.

Table 4: Examples of Long Term Care Complaints Reviewed in Audit Sample

Area of Concern	Sample of Complaint Details	Number of Complaints in Sample	Percentage of Complaints in Sample
Quality of Care	Unexplained bruising; personal care and meal assistance issues; allegations that nursing staff did not meet expected standards of care; concerns regarding care provided prior to a resident's death; resident found cold, improperly dressed, or placed with an aggressive roommate; resident-to-resident aggression, including a reported choking/strangulation incident; Improper wound care, poor hygiene, and inappropriate handling of medical waste.	20	43%
Communication and Experience	Communication with staff, access to information, and administrative services.	12	26%
Supplies and Equipment	Repeated shortages of hygiene supplies, including facecloths, towels, and incontinence products.	5	10%
Environment	Excessive temperatures within resident units affecting resident comfort; laundry issues and missing personal belongings.	3	7%
Food Services	Food quality, portion sizes, and resident weight loss.	3	7%
Access and Logistics	Transportation services and access to care.	3	7%
Total Sample		**46**	**100%**

Source: Prepared by the Office of the Auditor General from information provided by NL Health Services.

Occurrences and Reportable Incidents

Occurrences

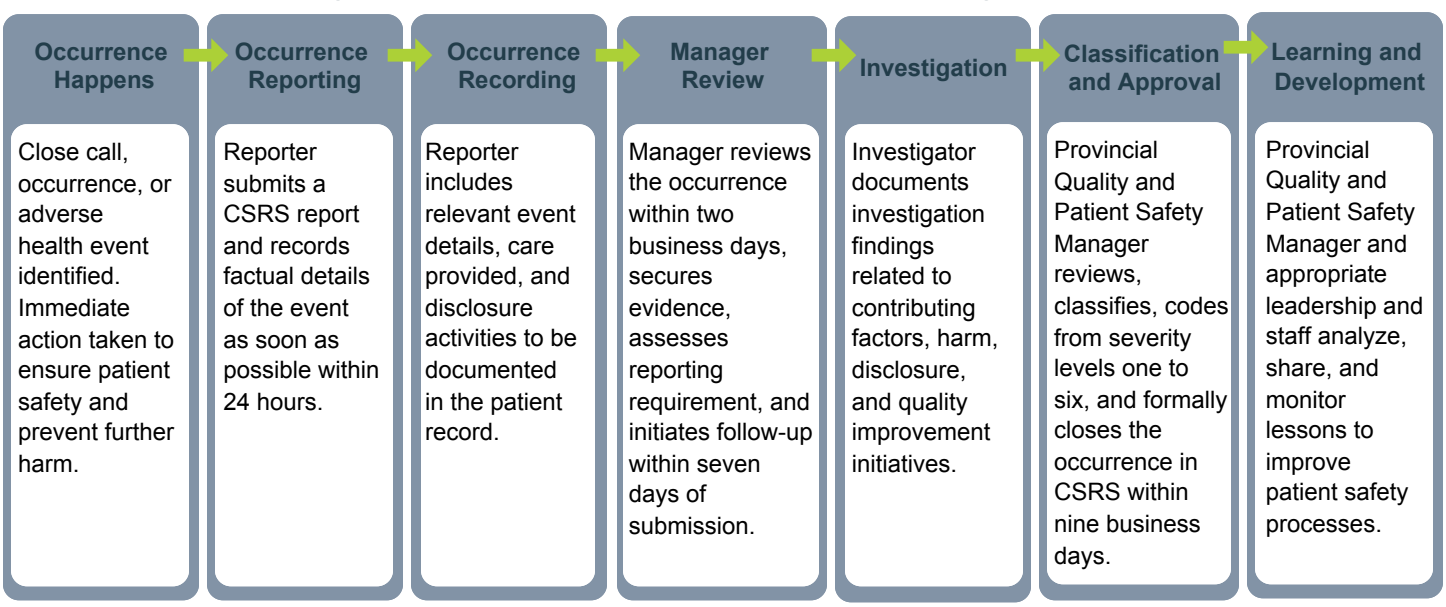
The Patient Safety Act establishes requirements for the reporting, review, and management of occurrences and close calls within the provincial health system. The Department of Health and Community Services is responsible for the legislative and policy framework established under this Act, with NL Health Services responsible for operational implementation. Quality assurance activities are carried out via an internal Quality Assurance Committee, reporting to the Board of Trustees of NL Health Services. We note that the Act has not been modified to reflect the recent responsibility change from Health and Community Services ministry to Seniors. **Further, we found the Act had not had a statutory review in the last five years as required by the legislation.**

According to the Patient Safety Act, an occurrence is an undesired or unplanned event that was not consistent with the safe provision of health services. Occurrences were classified by severity. The definitions for each level of severity are:

- **NCR – Non-Client Related:** Used for an event not directly related to patient care (e.g., missing keys, an incorrect narcotic count, and intruders in a facility, missing or damaged organizational property). NCR also included occurrences that have the potential to reach patients or visitors (e.g., slips or falls in a public area related to water spills, needles found in a public washroom);
- **Level 0 (Close call):** An event did not occur or reach the patient but might have required further management. An event that had potential for harm and was intercepted or corrected prior to reaching the patient;
- **Level 1:** An event occurred but the patient was not harmed;
- **Level 2:** An event occurred that resulted in the need for increased patient assessments but there was no harm and no treatment required. The outcome was symptomatic, symptoms were mild, loss of function, or harm was intermediate, but short-term, and no or minimal intervention (for example, extra observation, review, or minor treatment) was required;
- **Level 3:** An event occurred that resulted in the need for treatment and/or intervention and caused temporary patient harm. The outcome was symptomatic, required intervention (for example, additional operative procedure or additional therapeutic treatment), or an increased length of stay, or caused minor permanent, long term harm or loss of function;
- **Level 4:** An event occurred that resulted in temporary patient harm which negatively impacted the patient's health or quality of life;
- **Level 5:** An event occurred that resulted in a permanent change in the ability of the patient to function as before event. The outcome was symptomatic, requiring life-saving intervention or major surgical/medical intervention, or shortening life expectancy or causing major permanent long term or loss of function; and
- **Level 6:** An event occurred that resulted in patient death. On balance of probabilities, the event was considered to have played a role in the patient's death.

Occurrences were reported through the Clinical Safety Reporting System (CSRS), the process is outlined in Figure 7.

Figure 7: NL Health Services' Occurrence Reporting Procedure



Source: Prepared by the Office of the Auditor General from information provided by NL Health Services.

We were unable to assess the nature of occurrences, whether occurrence management processes complied with policy, or whether corrective action was appropriately taken, as NL Health Services and the Department of Health and Community Services did not provide access to occurrence report details, citing Patient Safety Act restrictions. In our opinion, there was no current oversight by an independent party to provide public assurance regarding the occurrence management process.

Although NL Health Services did not allow our audit team access to occurrence reports, it provided summary occurrence information. **We found 21,716 reported long term care occurrences between April 1, 2024, and March 31, 2026. Occurrence volumes were over 10,000 for 2024-2025 (10,862) and 2025-2026 (10,854). We found that the percentage of occurrences for each region was consistent with the percentage of the population. For example, Eastern Urban region represented 41 per cent of the population and accounted for approximately 45 per cent of all reported occurrences.**

We also found at least 3,462 occurrences resulted in temporary resident harm requiring treatment or intervention or negatively affecting resident health or quality of life (severity levels three and four). We found counts relating to occurrences resulting in permanent harm or death (severity levels five and six) were suppressed by NL Health Services due to privacy requirements of the Patient Safety Act. Occurrences by zone and final severity are presented in Table 5.

Table 5: Long Term Care Occurrences by Zone and Final Severity
For the Period April 1, 2024, to March 31, 2026 (Unaudited)

Region	2024-25	2025-26	Total	Percentage of Occurrences	Population in Facilities	Percentage of Population
Eastern Urban	5,055	4,760	9,815	45%	1,288	41%
Eastern Rural	1,753	1,828	3,581	17%	492	15%
Central	1,618	1,742	3,360	15%	657	21%
Western	1,963	2,072	4,035	19%	576	18%
Labrador-Grenfell	473	452	925	4%	149	5%
Total Occurrences[1]	**10,862**	**10,854**	**21,716**	**100%**	**3,162**	**100%**

Occurrences per Level	2024-25	2025-26	Total	Percentage
Non-client related (NCR), Level 0 (Close Call), and three or more clients	459	304	**763**	**4%**
Level 1 – No Harm	1,651	1,480	**3,131**	**14%**
Level 2 – Increased Assessment Required, No Harm	7,048	7,306	**14,354**	**66%**
Level 3 – Temporary Harm Requiring Treatment/Intervention	1,539	1,624	**3,163**	**15%**
Level 4 – Temporary Harm Affecting Health or Quality of Life	160	139	**299**	**1%**
Level 5 (Permanent Harm) and Level 6 (Death)	5	1	**6**	**-**
Total Occurrences [1]	**10,862**	**10,854**	**21,716**	**100%**

Source: Prepared by the Office of the Auditor General from information provided by NL Health Services, unaudited.
1. Occurrence numbers only reflect closed occurrences. These totals were provided by NL Health Services in late June and early July of 2026.

Section 7 of the Patient Safety Act requires notice to the minister of adverse health events and any occurrence that involves multiple patients or multiple regions. The Department of Health and Community Services officials advised that the department received nine reports of long term care occurrence between April 1, 2024, and March 31, 2026. **We found the Department of Health and Community Services did not collect or maintain occurrence severity information. We found that given occurrence monitoring was an internal process, with relatively few occurrences being reported to the Department, and that we did not have access to assess whether the process was operating effectively, there was no independent oversight mechanism in place to ensure all long term care occurrences were appropriately addressed.**

Reportable Incidents

Late in the audit, the Department of Seniors informed us that they could provide access to reportable incident reports, as these were not covered by the Patient Safety Act. A reportable incident is defined as any event or circumstance involving significant harm or risk to a resident and included, but was not limited to, the following:

- missing client/resident;
- suspected or confirmed abuse or neglect of a client/resident;
- a suspicious or unexplained death including homicide or suicide;
- injury or harm to a client/resident resulting in life-threatening conditions or major trauma requiring emergency care;
- medication errors resulting in significant harm to a client/resident;
- fire, flood or disaster events; and,
- breaches of client/resident privacy.

NL Health Services assesses events against the applicable reporting requirements and when an event meets the reporting requirements, it is reported to the Department of Seniors as a reportable incident. Officials indicated that in some circumstances, an event may have met the reporting requirements of both frameworks and therefore was subject to both incident reporting and occurrence reporting processes. Classification and reporting are completed by Newfoundland and Labrador Health Services in accordance with the applicable legislative, policy, and operational requirements. **We found the Department of Seniors received 37 reportable incidents during the period of April 1, 2024, to March 31, 2026. These included events such as verbal abuse by staff, resident abuse, and inappropriate physical contact, medication errors, missing residents, and resident-to-resident aggression.**

According to department officials, occurrences would include more events than reportable incidents, as they capture level zero to two severity level events. However, given the possibility for events to be subject to both reporting processes, we questioned how there could be over 3,400 level three to six occurrences, but only 37 reportable incidents received by the Department of Seniors. **We found we could not assess whether any of these occurrences should have been considered reportable incidents, or whether any reportable incidents should have been considered occurrences, as we were not given access to the occurrence reports.**

Building Evacuation Plans

We found NL Health Services did not always ensure that long term care facilities were adequately prepared to respond to emergencies in accordance with the standards. We found building evacuation plans were not always visibly posted in long term care facilities in accordance with the standards. The standards required that building evacuation plans were posted for the attention of residents, families, staff and visitors. We visited 15 long term care facilities and observed whether building evacuation plans were visibly posted. **We found building evacuation plans were not displayed in visible locations in eight of 15 (53 per cent) facilities. We also found six of 45 (13 per cent) long term care facility staff asked were not familiar with the evacuation procedures of their facility.**

Emergency Exits and Wander Alert Systems

We found emergency exits were sometimes obstructed in long term care facilities in contradiction of the standards. The standards required facilities to clearly mark exits and ensure they remained unobstructed at all times. During our visits to 15 long term care facilities, we observed whether exits were properly marked and free of obstruction. **We found in four of 15 facilities (27 per cent) visited, emergency exits were obstructed either partially or fully due to reasons such as construction activities.**

We found wander alert systems were not consistently in place in accordance with the standards to indicate when wandering residents approached exit doors. The standards required facilities to have an alarm or alert system in place to indicate when a wandering resident approached an exit door. **We found four of 15 facilities (27 per cent) did not have wander alert systems in place. Three facilities were in Eastern Urban, and one was in Western.**

Emergency Preparedness Plans

We found Emergency Preparedness Plans were not consistently available or reviewed in accordance with the standards. The standards required facilities to have a clearly written plan, and to review the plan, including the fire safety plan, on an annual basis. We reviewed Emergency Preparedness Plans for a sample of 30 facilities. We found:

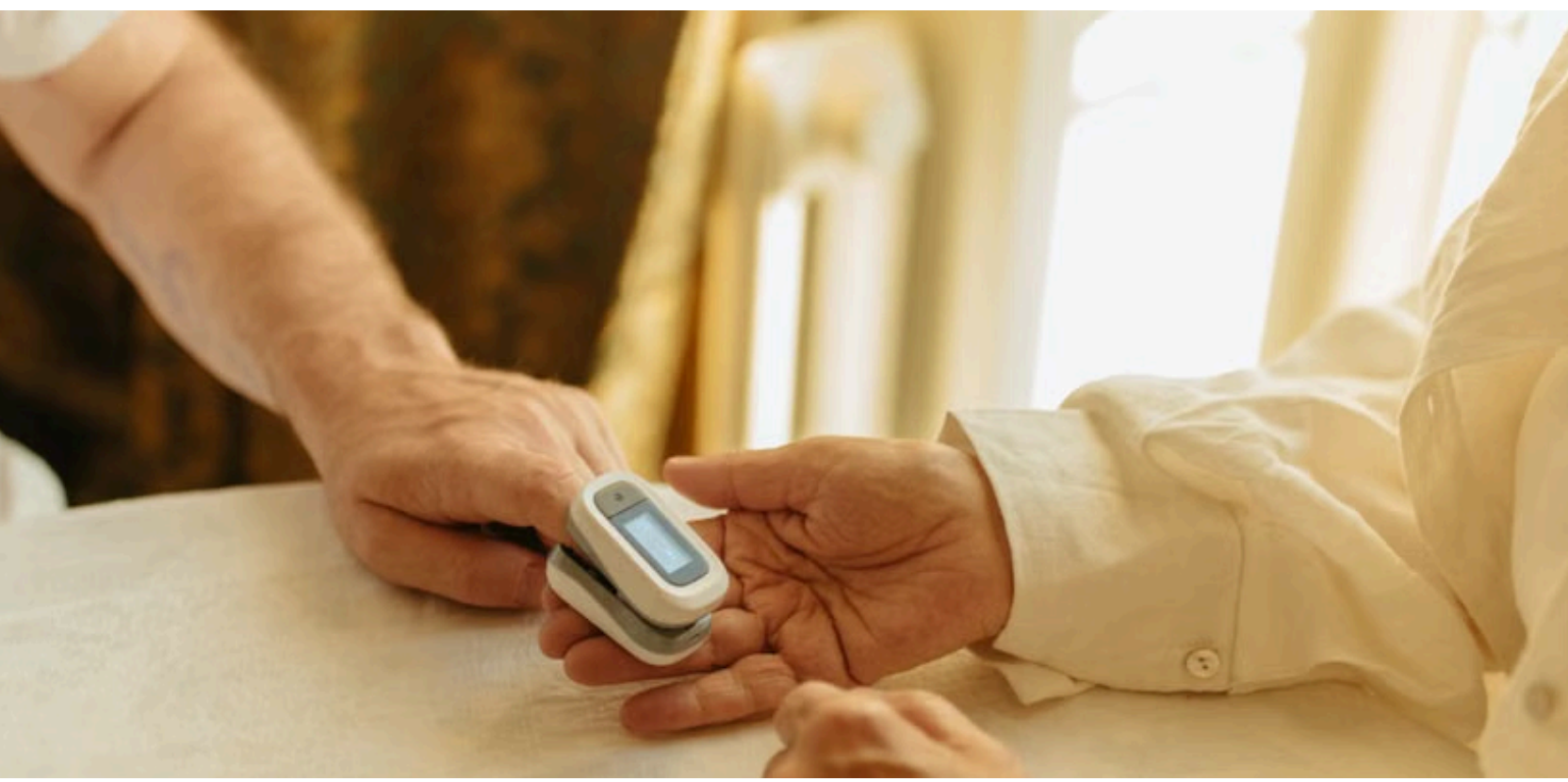
- **Emergency Preparedness Plans were not present in five of 30 (17 per cent) facilities we reviewed - four in the Western region and one in Central region; and**
- **Emergency Preparedness Plans were not reviewed annually for 23 of 30 (77 per cent) facilities.**

We found Emergency Preparedness Plans were not always complete and did not include required procedures in accordance with the standards. The standards required facilities to maintain an emergency preparedness plan that outlined procedures to be followed when responding to internal and external threats to the facility and when searching for missing residents. We found **Emergency Preparedness Plans did not include procedures to be followed for missing residents in eight of 30 (27 per cent) facilities, and did not include procedures for responding to internal and external threats in four of 30 (13 per cent) facilities, such as fire, armed intruder, or severe weather. These findings were all in Central and Western regions.**

Fire Drills

We found fire drills were frequently not conducted in accordance with the standards. The standards required facilities to conduct fire drills on a monthly basis, or within other time frames designed by the facility. We reviewed fire drills for a three-month sample period for each of 30 sampled long term care facilities, between April 1, 2024, and March 31, 2026. We found:

- **Fire drills for 15 of 30 facilities (50 per cent) were not conducted according to the required timelines;**
- **Evidence of corrective action was not available for issues identified in fire drills for 14 of 30 facilities (47 per cent); and**
- Fire drills for four of 30 facilities (13 per cent) were not signed by the Fire Marshall or Fire Warden as required.



Why It Matters

Long term care residents often have significant physical, cognitive, and medical vulnerabilities and rely on staff, policies, and safety systems to protect them from harm. Effective resident safety practices help staff identify risks, prevent injuries, respond appropriately when incidents occur, and support the delivery of safe and quality care. Weaknesses in resident monitoring, restraint management, complaint resolution, privacy protections, occurrence monitoring, emergency preparedness, and fire safety increase the risk that resident safety concerns may not be identified, communicated, investigated, or addressed in a timely manner. Deficiencies in evacuation planning, emergency preparedness documentation, fire drill execution, and safety systems further increase the risk that residents may not be adequately protected during emergencies.

Effective oversight of resident safety information is important to ensure risks are identified, monitored, and addressed, and that lessons learned from safety events are used to improve care across the long term care system. We were unable to assess whether occurrence investigations, follow-up actions, and related oversight processes were effective because access to occurrence reports was not provided.

There is no obvious mechanism or process to address occurrences in long term care facilities. As a result, we were unable to fulsomely address oversight of the Long Term Care Program, which is troubling given the program services significantly vulnerable individuals. Without an independent review function, residents, families, and decision-makers have limited assurance that serious occurrences are appropriately investigated, corrective actions are taken, and systemic risks are addressed.

What We Recommend

The Department of Health and Community Services should:

14. The Department of Health and Community Services should establish independent oversight of long term care occurrences to provide public assurance that the occurrence process is functioning effectively and supporting resident safety.

Newfoundland and Labrador Health Services should:

15. Establish and monitor a comprehensive resident safety program that identifies, tracks, and addresses resident safety risks.
16. Ensure compliance with resident safety requirements related to resident supervision, restraint use, complaint management, privacy, and occurrence reporting, in accordance with the standards and relevant policies and procedures.
17. Strengthen emergency preparedness and fire safety processes and ensure identified deficiencies are corrected in a timely manner, in accordance with the standards, relevant policies and procedures, and the MOU with Department of Government Services.

Findings – Program Oversight

Objective 2	To determine whether there is appropriate oversight of long term care facilities.
Criteria 9	The Department of Health and Community Services and the Department of Seniors maintain up-to-date Long Term Care Operational Standards.
Criteria 10	The Department of Health and Community Services and the Department of Seniors monitor the delivery of the Long Term Care Program.
Criteria 11	NL Health Services monitors and audits the quality of care and service delivered to long term care residents in accordance with the standards and relevant policies.

What We Expected

We expected the Department of Health and Community Services and the Department of Seniors to maintain current and relevant long term care operational standards in accordance with the review requirements established within the standards.

We expected the standards to be reviewed and updated at least every two years, as required, and to reflect legislative requirements, best practices, emerging risks, and evolving resident care needs. We also expected updates, memorandums, and addendums to be effectively communicated to relevant stakeholders.

We expected the Department of Health and Community Services and the Department of Seniors to establish clear oversight expectations for the Long Term Care Program, including defined monitoring responsibilities, performance indicators, reporting requirements, and processes to assess whether NL Health Services delivered long term care services safely, effectively, and in accordance with provincial standards. We also expected the departments to monitor compliance, review performance information, identify issues requiring corrective action, and follow up to ensure concerns were addressed.

We expected NL Health Services to maintain formal quality assurance and performance monitoring processes and to monitor and report on key performance indicators in accordance with departmental expectations, policies, and established oversight requirements.

What We Learned

Reviews and Updates to Operational Standards

We found the departments had not completed the required biennial review of the standards and had not comprehensively updated them since 2005. The Long Term Care Facilities in Newfoundland and Labrador Operational Standards required an update every two years, to ensure the standards supported the best care, program and service needs of residents.

We found that in lieu of updating the standards, departments issued nine memorandums and one addendum to the standards between April 1, 2024, and March 31, 2026. Memorandums and addendums to the standards issued by the departments were addressed to NL Health Services regional senior leaders, and included subjects such as restraint as a last resort and reportable incidents. **We found that by issuing memorandums and addendums in this manner, there was no way to confirm they were communicated to all relevant stakeholders. Although some correspondence from the departments asked NL Health Services to communicate the changes to all relevant stakeholders or appropriate staff, we found no evidence the departments ensured memorandums and addendums to the standards were communicated to all relevant parties and therefore understood and implemented.**

Jurisdictional Scan

We found the 2005 Long Term Care Facilities in Newfoundland and Labrador Operational Standards were significantly outdated and did not fully reflect current long term care practices, risks, and expectations as observed in other jurisdictions. We reviewed the standards and compared them to long term care service standards for six other provinces, the Northwest Territories, and the national service standards as determined by the Health Services Organization. **We found most of the other jurisdictions updated their standards between 2015 and 2025, including five of eight (63 per cent) between 2022 and 2025, more than ten years more recently than Newfoundland and Labrador's last update.**

Our comparison of long term care standards identified several deficiencies in Newfoundland and Labrador's standards. Areas where the standards had deficiencies compared to at least one other jurisdiction are outlined in Table 6.

Table 6: Long Term Care Facilities in Newfoundland and Labrador Operational Standards (2005) Policy Deficiencies when Compared to Other Jurisdictions

Category	Policy Deficiencies
Resident Placements	• No appeal process for residents to challenge placement decisions
Staff Hiring and Qualifications	• No screening requirements, such as credential verification and background checks • Lack of detailed qualifications and experience requirements
Staff Training	• No mandatory training requirements • No defined frequency of training, such as onboarding timelines or refreshers • No requirement to document training attendance or participation
Staffing Levels and Skill Mix	• No workforce planning requirements • No monitoring or enforcement of staffing levels or skill mix
Food Quality and Service	• No requirement to monitor food intake, fluid intake, or resident weight • No structured monitoring of malnutrition or dehydration risk
Recreational Therapy	• No requirements for community partnerships or external engagement to prevent isolation and support social inclusion • No requirements addressing meaningful daily living, purpose or well-being • No requirement for diversity-based programming
Medication Administration	• No requirement for medication reconciliation at admission, transfer, or discharge • Limited requirements for reviewing medication incidents and learning from them
Resident Safety	• No explicit pandemic preparedness planning • No continuity of care planning, such as staffing shortages, disruptions, and system failures

Source: Prepared by the Office of the Auditor General.

Departmental Monitoring and Oversight

We found the Department of Health and Community Services and the Department of Seniors had not established a formal oversight framework for the Long Term Care Program. Departmental monitoring responsibilities were not clearly documented in operational standards or policies. Department officials advised that there were no internal policies specific to long term care oversight, and the only documented procedures and processes related to the review of mandatory reportable incidents and resident condition audit information provided to the departments by NL Health Services.

Key Performance Indicators

We found the departments did not establish expectations requiring NL Health Services to monitor and report on key performance indicators (KPIs) for the Long Term Care Program. We found no standards, policies, procedures, or other agreements that defined KPI requirements, reporting expectations, or performance targets. As a result, the departments could not demonstrate how they assessed whether long term care services were meeting expectations for quality, safety, efficiency, or service delivery.

NL Health Services' officials indicated that they track information used to support the Canadian Institute for Health Information's (CIHI's) long term care indicators. **We found no evidence of a formal process to regularly review, analyze, or report on CIHI long term care indicator results.** We also found no evidence that the information was used to consistently monitor long term care facility performance or provide oversight of long term care services. Consequently, the departments and NL Health Services could not demonstrate that this information was being used as part of a consistent performance monitoring framework to assess whether long term care facilities were meeting expectations for quality, safety, efficiency, or service delivery.

Provincial Long Term Care Directors Committee Meetings

We found Provincial Long Term Care and Personal Care Home Directors Committee monthly meetings did not consistently occur. The Provincial Long Term Care and Personal Care Home Directors Committee functioned as an oversight committee to review operational issues, compliance with the standards, best practices, and continuous improvement in long term care facilities and personal care homes. There was departmental representation on this committee. We reviewed meeting minutes from the meetings between April 1, 2024, and March 31, 2026. **We found monthly meetings in six of 24 months (25 per cent) did not occur.**

Monitoring of Fire and Life Safety Inspection Compliance

We found the Department of Health and Community Services and the Department of Seniors did not consistently ensure that annual fire and life safety inspections were completed in accordance with the Memorandum of Understanding (MOU) in place with the Department of Government Services. The Interdepartmental MOU between the Department of Health and Community Services and the Department of Government Services assigned responsibility for conducting annual fire and life safety inspections of long term care facilities to the Department of Government Services, while responsibility for ensuring the inspections were completed rested with the Department of Health and Community Services.

Responsibility for monitoring these activities transferred to the Department of Seniors on September 5, 2025**. We found the Department of Health and Community Services and the Department of Seniors were unable to provide evidence demonstrating that they ensured the Department of Government Services completed the required fire and life safety inspections in accordance with the MOU. We found that the departments did not have documentation that fire and life safety inspections were completed for 28 of 30 facilities sampled (93 per cent) between April 1, 2024 to March 31, 2026. We found no evidence that the departments were regularly tracking whether the inspections were completed or that monitoring responsibilities were carried out.** Upon request by our Office, the Department of Seniors compiled a list of inspections conducted for the 2024 and 2025 calendar years for the 30 facilities sampled. However, supporting inspection documentation was not provided.

Based on the list of inspections supplied by the Department, **we found that**

- **ten of 30 facilities (33 per cent) did not have fire and life safety inspections completed in 2024;**
- **one of 30 facilities (3 per cent) did not have a fire and life safety inspection completed in 2025;**
- **twenty-five of 30 facilities (83 per cent) had inspections that were still outstanding for the 2026 calendar year; and**
- **one facility in Labrador-Grenfell did not have a fire and life safety inspection completed in 2024 or 2025, which remained outstanding in 2026.**

Further, where inspection documentation was provided, we found deficiencies were not always addressed. **We found one Labrador-Grenfell facility in 2024, and one Eastern Rural facility in both 2025 and 2026 where fire and life safety concerns remained unresolved. Examples of unresolved deficiencies included:**

- **failure to conduct required fire drills;**
- **incomplete nightly security check logs;**
- **deficiencies involving sprinkler systems; and**
- **deficiencies involving oxygen storage rooms.**

Monitoring of Resident Personal Care

We found the Department of Health and Community Services and the Department of Seniors consistently requested resident care audit information from NL Health Services, but did not receive complete audit information to support effective oversight of long term care.

In 2021, the Department of Health and Community Services required NL Health Services to conduct personal care audits and submit quarterly information relating to personal care (such as bathing, oral care, nail care, hair care and dressing), pressure ulcers, and weight loss.

We found that the departments requested quarterly resident personal care audit data, and discussion of this data was a standing agenda item in the Provincial Long Term Care and Personal Care Home Directors Committee monthly meetings. We also found evidence of follow up of audit information from the department. A dashboard capturing the quarterly information was developed in 2024 to support monitoring activities. We found the department began producing provincial summary reports in March 2026 as a tool for quality improvement to monitor resident conditions and provide insights into the quality of care across long term care facilities.

We found the departments did not receive complete audit information to effectively monitor personal care concerns across the entire province. We found audit information for the Central region had not been submitted to the departments since December 2023. Although the departments followed up through email correspondence, discussions with NL Health Services officials, and escalation through senior management, including a memorandum from the Deputy Minister, **we found the missing information remained outstanding at the time of our audit.**

The dashboard's audit information, which did not include Central region, reported that NL Health Services conducted 17,491 personal care audits and identified 1,544 personal care concerns (nine per cent) between April 1, 2024, and March 31, 2026.

We also found the scope of resident care audits was reduced in 2025-2026, focusing on personal care only and not examining pressure ulcers and weight loss, as had been done in 2024-2025. As a result, less information was available to support departmental monitoring and trend analysis on critical care requirements.

Further, **we found the departments did not ensure that each region used a standardized template for personal care audits. Consequently, audit information was not consistently collected or readily comparable across regions.**

NL Health Services Monitoring and Oversight

Completion of Resident Personal Care Audits

As previously noted, we found the Department of Health and Community Services and the Department of Seniors required NL Health Services to complete quarterly personal care audits and submit them to the departments. **We found resident personal care audits were not always completed.** We reviewed a sample of 61 audits across all five regional zones. **We found 53 of 61 (87 per cent) personal care audits were incomplete in 26 of 29 homes (90 per cent). We found:**

- **eighteen of 61 audits (30 per cent) from nine of 29 homes (31 per cent), did not fully address required audit scope areas;**
- thirty-nine of 61 audits (64 per cent) from 19 of 29 facilities (66 per cent) did not include details about the auditor;
- **twenty-three of 61 audits (38 per cent) from 12 of 29 homes (41 per cent), did not include a comments or remarks section necessary for providing insights and follow-up actions; and**
- twenty-three of 61 audits (38 per cent) from 11 of 29 facilities (38 per cent) did not include the audit date.

We also found NL Health Services often did not submit personal care audits to the Department of Seniors in a timely manner. The Department of Seniors required NL Health Services to submit data within one month following the previous quarter.

We reviewed whether regions submitted the required quarterly audit for one quarter, October to December 2025, to the Department of Seniors within the required timeframe. **We found Central region did not submit any of the personal care audits for the quarter to the Department of Seniors. Furthermore, Eastern Urban and Western regions did not submit any of the personal care audit reports for the quarter within the one month requirement.**

Monitoring and Reporting on Key Performance Indicators

We found NL Health Services relied on the Canadian Institute for Health Information's (CIHI) long term care indicators as the primary source of performance information rather than establishing and monitoring its own performance measurement framework. The CIHI long term care indicators included medication reconciliation, hand hygiene compliance, resident care and medication audits, healthcare associated infection data, waitlist monitoring, experiencing pain in long-term care, experiencing worsened pain in long term care, restraint use in long term care, and potentially inappropriate use of antipsychotics. **However, although NL Health Services reviewed the CIHI indicators, we found they did not formally track, measure, or monitor them to assess long term care performance and quality of care. We also found the standards did not contain any guidance on performance measurement, including tracking, measuring, or reporting on key performance indicators.**

Why It Matters

Operational standards establish the minimum expectations for the delivery, monitoring, and oversight of long term care services. They provide a framework for accountability, consistency, and quality improvement across facilities. Outdated or incomplete standards may result in inconsistent practices, unclear expectations, and gaps in oversight. Maintaining current standards helps ensure long term care services evolve with changing resident needs, emerging risks, and best practices.

Without updated standards, facilities are required to rely on a combination of the original 2005 standards, subsequent memorandums and addendums to understand current expectations. Without a process to confirm consistent communication and implementation, there is a risk that long term care facilities may interpret or apply requirements inconsistently.

Robust monitoring, inspection, and audit processes are essential in long term care facilities that serve vulnerable populations. When controls are weak or applied inconsistently, opportunities to identify and address issues in a timely manner may be missed, potentially affecting the quality of care and the ability to meet resident needs.

Effective oversight helps ensure that long term care services are delivered safely, consistently, and in accordance with established standards and expectations. Through monitoring and review activities, organizations can identify risks, address deficiencies, and demonstrate that public resources are being managed responsibly.

In the absence of strong monitoring and accountability mechanisms, significant issues may go undetected or unresolved. This can limit decision-makers' ability to assess system performance, take corrective action where needed, and support continuous improvement in outcomes for residents.

What We Recommend

The Department of Seniors should:

18. Update the 2005 Long Term Care Facilities in Newfoundland and Labrador Operational Standards and ensure the required biennial review is completed going forward, to ensure alignment with best practices and changing care standards.
19. Establish a formal oversight framework for long term care that includes clearly defined roles, responsibilities, monitoring requirements, reporting requirements, and accountability mechanisms.
20. Develop and monitor provincial key performance indicators to assess long term care quality, safety, and service delivery.

Newfoundland and Labrador Health Services should:

21. Implement a formal performance measurement and quality assurance framework for long term care facilities.
22. Ensure monitoring activities, audits, and reporting processes are completed consistently, documented appropriately, and used to support corrective action and continuous improvement, in accordance with the standards, relevant policies and procedures, and the MOU with Department of Government Services.

Conclusions

We conclude Newfoundland and Labrador Health Services, the Department of Health and Community Services, and the Department of Seniors did not adequately ensure that long term care residents were provided with quality care and services to meet their needs, and did not ensure appropriate oversight of long term care facilities.

Our audit identified significant deficiencies in waitlist management, admissions, placements, initial resident assessments and integrated care plans, staff qualifications and training, food quality and service, staffing levels and skill mix, therapeutic recreation, medication management, and resident safety. These deficiencies increased the risk that residents would not receive safe, timely, and appropriate care.

We also found significant gaps in resident safety practices. Weaknesses related to resident monitoring, restraint management, complaint management, privacy protections, occurrence monitoring, emergency preparedness, and fire safety increased the risk that resident safety concerns would not be identified, addressed, or resolved in a timely manner. It is worrisome that there is no independent review of occurrences, which significantly impact residents and their families.

There was inappropriate oversight of long term care facilities. The departments did not maintain current operational standards for long term care facilities. The standards had not been comprehensively updated since 2005 and did not fully reflect current practices, emerging risks, evolving resident needs, or leading practices observed in other jurisdictions. Reliance on memorandums and addendums to communicate changes increased the risk of inconsistent interpretation and application across facilities.

We found the departments and Newfoundland and Labrador Health Services did not have an effective oversight and performance monitoring framework for long term care facilities. Responsibilities were not clearly defined, key performance indicators were not established, monitoring activities were inconsistent, and information used to support oversight was not always complete, accurate, or timely. Shortcomings in inspections, audits, performance measurement, and reporting limited the ability to identify risks, monitor performance, and ensure deficiencies were addressed.

There is a lack of accountability within the long term care system, including weaknesses in governance, oversight, monitoring, and operational practices. This increases the risk that vulnerable residents are not receiving safe, high-quality care that they deserve.

Appendix I – About This Audit

Why This Audit is Important

Long term care serves a vulnerable sector of the population. There are approximately 3,162 people residing in long term care throughout Newfoundland and Labrador. The government projects that between 2023 and 2043, the 65 plus population is expected to increase significantly. By 2043, people aged 65 and older could account for approximately 30 to 35 per cent of the population. It is critical that the Department of Health and Community Services, the Department of Seniors, and Newfoundland and Labrador Health Services have appropriate standards and processes in place to ensure resident health, safety and care in long term care facilities.

Objective

1. To determine whether long term care residents are provided with quality care and services that meet their needs; and
2. To determine whether there is appropriate oversight of long term care facilities.

Criteria

Audit criteria were developed based on discussions with the Department of Health and Community Services, Department of Seniors, and Newfoundland and Labrador Health Services, as well as reviews of relevant documentation, legislation, policies and procedures, and literature, including reports of other legislative auditors. The Office of the Auditor General defined eleven criteria regarding the objectives, which senior management of the Department of Health and Community Services, Department of Seniors, and Newfoundland and Labrador Health Services management accepted as suitable.

The Office of the Auditor General assessed whether the Department of Health and Community Services, Department of Seniors, and Newfoundland and Labrador Health Services management provided quality care and services that met the needs of long term care residents, and provided appropriate oversight of long term care facilities, against the following criteria:

1. NL Health Services ensures resident waitlist, admission, and placement practices are in accordance with the standards and relevant policies;
2. NL Health Services ensures initial resident assessments and integrated care plans are completed in accordance with the standards and relevant policies;
3. NL Health Services ensures long term care residents have access to qualified, adequately trained staff in accordance with the standards and relevant policies;
4. NL Health Services ensures long term care facilities provide food quality and service to residents in accordance with the standards and relevant policies;
5. NL Health Services ensures long term care facilities maintain staffing levels and skill mix in accordance with the standards and relevant policies;
6. NL Health Services ensures long term care residents have access to a variety of therapeutic recreation services in accordance with the standards and relevant policies;
7. NL Health Services ensures medications are managed in accordance with the standards and relevant policies.
8. NL Health Services ensures resident safety in accordance with the standards and relevant policies;
9. The Department of Health and Community Services and the Department of Seniors maintain up to date Long Term Care Operational Standards;
10. The Department of Health and Community Services and the Department of Seniors monitor the delivery of the Long Term Care Program; and
11. NL Health Services monitors and audits the quality of care and service delivered to long term care residents in accordance with the standards and relevant policies.

Scope and Approach

Our audit began in April 2025 and covered the period April 1, 2024, to March 31, 2026. The audit focused on the program delivery and oversight of long term care facilities by the Department of Health and Community Services, Department of Seniors, and Newfoundland and Labrador Health Services. We conducted our audit using a risk-based approach informed by our understanding of the Departments' and Newfoundland and Labrador Health Services' responsibilities, systems, risk factors, and activities related to program delivery and oversight of long term care facilities during the scope period.

Our audit procedures included discussions with select representatives of the departments, Newfoundland and Labrador Health Services, and employees of long term care facilities. Our audit procedures considered legislation, the standards, guidelines, policies, procedures, and monitoring processes. Our procedures examined information contained in the electronic records management system, as well as physical records held at long term care facilities. Our procedures included a detailed examination of monitoring reports, waitlist data, sample menu plans, initial resident assessments and integrated care plans, staffing reports, staff qualifications and training records, occurrence and incident information, complaints, and complaint follow-up documentation. We reviewed committee meeting minutes, organizational charts, and other applicable reports and correspondence. We also considered jurisdictional comparisons where appropriate.

We conducted onsite procedures at a sample of fifteen long term care facilities from all health zones within the province. The Office of the Auditor General received approval from the homes we visited to take pictures and some of those are included in this report.

We did not include the inspection processes performed by Accreditation Canada or the Department of Government Services. However, our audit procedures included the review of the Department of Government Services' long term care facilities inspection reports in relation to resident safety. Our audit did not assess whether incident reporting was performed in accordance with the standards and relevant procedures as reportable incident information was not brought to our attention until late in the audit. As a result, there was insufficient time to perform the audit procedures necessary to assess compliance. We did not include personal care homes, assisted living facilities, community care homes, protective community residences, or home support services in this audit.

Audit Standards

This independent assurance report is addressed and directed to the House of Assembly's Public Accounts Committee. It was prepared by the Office of the Auditor General of Newfoundland and Labrador. Our responsibility was to independently audit the Department of Health and Community Services', Department of Seniors', and Newfoundland and Labrador Health Services' oversight and administration of long term care facilities through our audit objectives and criteria, and to provide objective information and recommendations. Senior management of the Department of Health and Community Services, Department of Seniors, and Newfoundland and Labrador Health Services acknowledged their responsibility for the audit subject matter and the terms of the audit, including audit objective, scope, and approach.

The audit was performed to a reasonable level of assurance in accordance with the Canadian Standard on Assurance Engagements 3001 – Direct Engagements set out by the Chartered Professional Accountants of Canada and under the authority of the Auditor General Act, 2021.

The Office applies the Canadian Standard on Quality Management. This standard requires the Office to design, implement and operate a system of quality management, including policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we have complied with the independence and other ethical requirements of the Rules of Professional Conduct of the Association of Chartered Professional Accountants of Newfoundland and Labrador.

Management Representations

The Deputy Ministers of Health and Community Services and Seniors confirmed that senior management had provided the Office of the Auditor General with all the information they were aware of that had been requested or that could significantly affect the findings or conclusions of the audit.

The Chief Executive Officer of Newfoundland and Labrador Health Services confirmed that senior management had provided the Office of the Auditor General with all the information they were aware of that had been requested or that could significantly affect the findings or conclusions of the audit.

Date Conclusions Reached

We obtained sufficient and appropriate audit evidence on which to base our conclusions on August 25, 2026, in St. John's, Newfoundland and Labrador.

DENISE HANRAHAN, CPA, MBA, ICD.D
AUDITOR GENERAL

Appendix II
Response to Recommendations

Recommendation 1
Newfoundland and Labrador Health Services should implement processes to ensure complete and accurate waitlist and wait time data is available for monitoring and comparison against established benchmarks.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 2
Newfoundland and Labrador Health Services should ensure resident admission and placement processes are defined and consistently followed, including maintaining complete and up-to-date applications, documenting resident orientation, and executing resident agreements, in accordance with the standards and relevant policies and procedures.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 3
Newfoundland and Labrador Health Services should establish and enforce timelines for completing initial resident assessments and integrated care plans and monitor compliance with those timelines.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 4
Newfoundland and Labrador Health Services should ensure integrated care plans are complete, current, and regularly reviewed and updated in accordance with the standards.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 5
Newfoundland and Labrador Health Services should ensure all staff meet hiring requirements, including completion and documentation of background checks, qualification verification, and licensure requirements, in accordance with established guidelines.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 6
Newfoundland and Labrador Health Services should ensure staff receive required orientation, training, and performance evaluations, and that completion is consistently documented and monitored, in accordance with the standards and relevant policies and procedures.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 7
Newfoundland and Labrador Health Services should implement standardized food service practices to ensure compliance with nutritional, food safety, and meal service requirements, in accordance with the standards and relevant policies and procedures.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 8
Newfoundland and Labrador Health Services should establish and monitor processes to document, track, and resolve food-related complaints and food safety deficiencies, in accordance with the standards.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 9
The Department of Seniors should establish and enforce provincial guidelines for staffing levels, hours of care, and staffing skill mix in long term care facilities.

Response:
The Department of Seniors accepts this recommendation.

Recommendation 10
Newfoundland and Labrador Health Services should ensure that staffing levels and staffing skill mix satisfy those expected by the Department of Seniors.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 11
Newfoundland and Labrador Health Services should ensure therapeutic recreation services are consistently planned and delivered based on resident needs, and evaluated for effectiveness, in accordance with the standards and relevant policies and procedures.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 12
Newfoundland and Labrador Health Services should ensure medications, controlled substances, medication carts, and medication records are securely stored and appropriately managed, in accordance with the standards and relevant policies and procedures.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 13
Newfoundland and Labrador Health Services should establish standardized provincial processes for medication management, including antipsychotic medication oversight, pharmacy services, and drug storage reviews, in accordance with the standards and relevant policies and procedures.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 14
The Department of Health and Community Services should establish independent oversight of long term care occurrences to provide public assurance that the occurrence process is functioning effectively and supporting resident safety.

Response:
The Department of Health and Community Services accepts this recommendation.

Recommendation 15
Newfoundland and Labrador Health Services should establish and monitor a comprehensive resident safety program that identifies, tracks, and addresses resident safety risks.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 16
Newfoundland and Labrador Health Services should ensure compliance with resident safety requirements related to resident supervision, restraint use, complaint management, privacy, and occurrence reporting, in accordance with the standards and relevant policies and procedures.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 17
Newfoundland and Labrador Health Services should strengthen emergency preparedness and fire safety processes and ensure identified deficiencies are corrected in a timely manner, in accordance with the standards, relevant policies and procedures, and the MOU with Department of Government Services.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 18
The Department of Seniors should update the 2005 Long Term Care Facilities in Newfoundland and Labrador Operational Standards and ensure the required biennial review is completed going forward, to ensure alignment with best practices and changing care standards.

Response:
The Department of Seniors accepts this recommendation.

Recommendation 19
The Department of Seniors should establish a formal oversight framework for long term care that includes clearly defined roles, responsibilities, monitoring requirements, reporting requirements, and accountability mechanisms.

Response:
The Department of Seniors accepts this recommendation.

Recommendation 20
The Department of Seniors should develop and monitor provincial key performance indicators to assess long term care quality, safety, and service delivery.

Response:
The Department of Seniors accepts this recommendation.

Recommendation 21
Newfoundland and Labrador Health Services should implement a formal performance measurement and quality assurance framework for long term care facilities.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Recommendation 22
Newfoundland and Labrador Health Services should ensure monitoring activities, audits, and reporting processes are completed consistently, documented appropriately, and used to support corrective action and continuous improvement, in accordance with the standards, relevant policies and procedures, and the MOU with Department of Government Services.

Response:
Newfoundland and Labrador Health Services accepts this recommendation.

Appendix III
List of Long Term Care Facilities

The following table lists the 39 long term care facilities operating in Newfoundland and Labrador as of March 31, 2026. The list excludes four protective community residences, which were outside the scope of this audit. Chancellor Park was the only privately owned facility included and received funding for operating beds through Newfoundland and Labrador Health Services.

#	Region	Location	Facility	# of Beds [1]	Visited	Selected for Testing
1	Eastern Urban	St. John's	Chancellor Park [2]	270	✓	✓
2	Eastern Urban	St. John's	Agnes Pratt Home	132	✓	✓
3	Eastern Urban	St. John's	Caribou Memorial Veterans Pavilion	56		
4	Eastern Urban	St. John's	Glenbrook Lodge	99	✓	✓
5	Eastern Urban	St. John's	Pleasant View Towers	433	✓	✓
6	Eastern Urban	St. John's	St. Luke's Homes	111		
7	Eastern Urban	St. John's	St. Patrick's Mercy Home	209		✓
8	Eastern Rural	Carbonear	Josiah Squibb Memorial Pavilion	228	✓	✓
9	Eastern Rural	Placentia	Lions Manor Nursing Home	75	✓	✓
10	Eastern Rural	Clarenville	Dr. Albert O'Mahony Memorial Manor	44	✓	✓
11	Eastern Rural	Grand Bank	Blue Crest Nursing Home	59		✓
12	Eastern Rural	St. Lawrence	U.S. Memorial Community Health Centre	39		
13	Eastern Rural	Bonavista	Golden Heights Manor	70		✓
14	Eastern Rural	Bell Island	Dr. Walter Templeman Health Centre	14		✓
15	Central	Gander	Gander Long Term Care Home	60		✓
16	Central	Gander	Lakeside Homes	102		✓
17	Central	Grand Falls-Windsor	Grand Falls-Windsor Long Term Care Home	60	✓	✓
18	Central	Grand Falls-Windsor	Carmelite House Senior Citizens' Home	64	✓	✓
19	Central	Badger's Quay	Bonnew's Lodge	45		✓
20	Central	Fogo Island	Fogo Island Health Centre	11		✓
21	Central	Twillingate	Notre Dame Bay Memorial Health Centre	32		✓

#	Region	Location	Facility	# of Beds[1]	Visited	Selected for Testing
22	Central	Lewisporte	North Haven Manor	51	✓	✓
23	Central	Botwood	Dr. Hugh Twomey Health Centre	100	✓	✓
24	Central	Harbour Breton	Connaigre Peninsula Health Centre	18		
25	Central	Springdale	Valley Vista Senior Citizens' Complex	78		
26	Central	Buchans	A.M. Guy Memorial Health Centre	20		
27	Central	Baie Verte	Copper Crescent, Baie Verte Peninsula Health Centre	19		✓
28	Western	Stephenville	Bay St. George Long Term Care Centre	113	✓	✓
29	Western	Corner Brook	Corner Brook Long Term Care Home	251	✓	✓
30	Western	Corner Brook	Western Long Term Care Home	105		✓
31	Western	Norris Point	Bonne Bay Health Centre	14		✓
32	Western	Port Saunders	Rufus Guinchard Health Centre	22		
33	Western	Burgeo	Calder Health Centre	18		✓
34	Western	Port aux Basques	Dr. Charles L. LeGrow Health Centre	30		✓
35	Western	Corner Brook	Corner Brook Community Health Centre	30		
36	Labrador-Grenfell	Forteau	Labrador South Health Centre	16		✓
37	Labrador-Grenfell	Labrador City	Labrador West Health Centre	12		
38	Labrador-Grenfell	Happy Valley-Goose Bay	Labrador Health Centre, Happy Valley-Goose Bay	69	✓	✓
39	Labrador-Grenfell	St. Anthony	John M. Gray Centre and Complex	54	✓	✓
				3,233	15	30

Source: Prepared by the Office of the Auditor General from information provided by NL Health Services.

1. The gap between the number of residents (3,162) and the number of beds (3,233) is the vacancy at that point in time (2 per cent).
2. Includes 230 beds subsidized by NL Health Services and 40 beds that are privately funded.

Appendix IV
Summary of Staff Feedback

Appendix IV summarizes concerns identified through interviews with 62 staff across 15 long term care facilities we visited. The interview results represent staff perspectives and observations. They are not audit findings and were not independently validated through audit testing. However, the concerns provide context for, and in many cases corroborate, issues identified through our audit procedures.

Audit Area	Issue Identified by Staff	Staff (#)	Staff (%)	Facilities (#)	Facilities (%)
Resident Placement	Lengthy waitlists for long term care beds	5	11%	5	33%
Integrated Care Plans	Plans not updated in a timely manner due to workload requirements	7	15%	5	33%
Integrated Care Plans	Plans do not always reflect actual resident conditions	6	13%	6	40%
Staff Qualifications and Training	Need for additional and in-person training	14	30%	8	53%
Staff Qualifications and Training	Workload and staffing shortages limit ability to complete required training	9	19%	7	47%
Food Quality and Service	Food quality and service not meeting resident expectations for taste, portion sizes, texture, and preferences	17	27%	11	73%
Food Quality and Service	Menus lack variety; repetitive meals	8	13%	7	47%
Food Quality and Service	Kitchen staffing shortages impacting meal preparation	2	3%	2	13%
Food Quality and Service	Kitchen safety issues	2	3%	2	13%
Staffing Levels and Skill Mix	Understaffing contributing to mandated overtime, staff retention challenges, and limited access to leave	38	84%	15	100%
Staffing Levels and Skill Mix	Inappropriate skill mix and staffing ratios	20	44%	11	73%
Staffing Levels and Skill Mix	Increasing resident complexity affecting staffing requirements	8	18%	6	40%
Staffing Levels and Skill Mix	Floating casual staff across units leading to unfamiliarity with resident needs	3	7%	2	13%

Audit Area	Issue Identified by Staff	Staff (#)	Staff (%)	Facilities (#)	Facilities (%)
Therapeutic Recreation	Recreation activities repetitive or insufficient	16	28%	10	67%
Therapeutic Recreation	No recreation activities provided during weekends	14	24%	10	67%
Therapeutic Recreation	Recreation schedules not designed to meet resident needs	6	10%	4	27%
Medication	Staff shortage negatively affecting medication administration practices	5	18%	4	27%
Medication	Outdated pharmacist system	2	7%	2	13%
Resident Safety	Equipment issues, such as absence of shower chairs, lifts, beds, and single rooms, faulty wanderguard systems and fire-exit systems.	12	27%	7	47%
Resident Safety	Gaps in evacuation preparedness, including staff not being familiar with evacuation procedures.	6	13%	5	33%
Resident Safety	Staff shortages posing safety risks, particularly during night shift and emergency situations	4	9%	4	27%
Resident Safety	Serious occupational health and safety concerns, including cluttered, unsafe and unclean hallways and units, small rooms and washrooms that limit mobility, lack of storage space for wheelchairs, and presence of old beds impacting resident safety and comfort	4	9%	4	27%

Source: Prepared by the Office of the Auditor General from interviews conducted with NL Health Services staff.

About Us

Values

We are independent - working together and with our partners in a nonpartisan, fair, and transparent manner, protecting objectivity and the public interest as we perform our work and lead by example.

We are credible - selecting audit work based on impact and risk, in order to safeguard public trust and deliver value as a respected, experienced, professional team.

We are adaptable - always agile and seeking ways to improve our efficiency and effectiveness, promoting continuous learning and innovation through progressive and diverse thoughts and teams.

We are accountable - taking responsibility for the integrity and impact of our work, our performance, and our behaviour, through respectful processes that always adhere to professional standards and codes of conduct.

Mission

We deliver credible, high-quality, and timely audit services and recommendations to our public sector clients.

Vision

We foster accountability, transparency and continuous improvement in Newfoundland and Labrador's public sector through impactful audits.

Audit Team

Together with the Auditor General and Deputy Auditor General, this audit involved:

Jessica Nugent - Assistant Auditor General
Jillian Roberts - Audit Principal
Abbas Zaidi - Audit Manager
Juan Grillo - Audit Manager
Stephen Chislett - Audit Senior
Andrea Gunn - Audit Senior
Elsie Daniel - Auditor, Vanuatu National Audit Office
Judith Iauma - Auditor, Vanuatu National Audit Office
Taranjit Kaur - Report Design
Jillian Hood - Manager of Communications
Adam Lippa - Engagement Quality Reviewer

OFFICE OF THE AUDITOR GENERAL
NEWFOUNDLAND AND LABRADOR

Contact Us

Mailing Address:

Office of the Auditor General
Newfoundland and Labrador
Box 8700
St. John's, NL, A1B 4J6

Phone:

709-729-2700

Website:

www.ag.gov.nl.ca

Email:

oagmail@oag.nl.ca

Follow Us on Social Media

OFFICE OF THE AUDITOR GENERAL
NEWFOUNDLAND AND LABRADOR

Independent. Credible. Adaptable. Accountable.