

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**Original Public Report**

<b>Report Issue Date:</b> May 17, 2024	
<b>Inspection Number:</b> 2024-1255-0001	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Geraldton District Hospital	
<b>Long Term Care Home and City:</b> Geraldton District Hospital, Geraldton	
<b>Lead Inspector</b> Lauren Tenhunen (196)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Eva Namysl (000696)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following dates: May 6 - 9, 2024, and off-site May 10, 13-14, 2024.

The following intake was inspected:

- One intake for a Proactive Compliance Inspection (PCI).

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

- Food, Nutrition and Hydration
- Medication Management
- Safe and Secure Home
- Quality Improvement

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Pain Management  
Falls Prevention and Management  
Admission, Absences and Discharge  
Resident Care and Support Services  
Skin and Wound Prevention and Management  
Residents' and Family Councils  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Residents' Rights and Choices

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

#### **Non-compliance with: FLTCA, 2021, s. 85 (3) (r)**

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,  
(r) an explanation of the protections afforded under section 30; and

The licensee has failed to ensure that the explanation of whistle-blowing protection was posted in the home.

### Rationale and Summary

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Inspector #000696 observed the boards with mandatory postings in the long-term care (LTC) home, but was unable to locate an explanation of the whistle-blowing protection.

The home's Acting Nurse Manager acknowledged the mandatory posting was not visible at the time of initial tour. Before the conclusion of the on-site inspection, the whistle-blowing policy was posted on the board in the home.

There was minimal impact to residents when the whistle-blowing policy was not posted in the home.

**Sources:** Inspector #000696's observations and discussion with Acting Nurse Manager. [000696]

Date Remedy Implemented: May 8, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.**

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the visitor policy was posted in the home.

**Rationale and Summary**

Inspector #000696 observed the board with mandatory postings located in the LTC home but was unable to locate the home's visitor policy.

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The LTC home's Acting Nurse Manager acknowledged the home had a visitor policy but they did not believe it was posted. Prior to conclusion of the on-site inspection, the visitor policy was posted on the main board in the LTC home.

There was no impact to residents when the visitor policy was not posted in the home.

**Sources:** Inspector #000696's observations and discussion with Acting Nurse Manager. [000696]

Date Remedy Implemented: May 8, 2024

## **WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey**

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

**Non-compliance with: FLTCA, 2021, s. 43 (4)**

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee has failed to seek advice of the Residents' Council (RC) in carrying out the survey and in acting on its results.

**Rationale and Summary**

A survey was completed in 2023 to assess residents' and families' experiences with

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the home and the care, services, programs, and goods provided. The home was unable to provide documentation to demonstrate that the survey had been shared with the RC.

A staff member stated that they were unaware of the requirement to share the survey with and seek input from the RC and did not do so during their time as an appointed RC assistant.

There was minimal risk to residents when the RC was not asked for input prior to conducting the survey and acting on the results.

**Sources:** Review of RC meeting minutes and discussion with a staff member.  
[000696]

## **WRITTEN NOTIFICATION: Family Council**

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

**Non-compliance with: FLTCA, 2021, s. 65 (7) (b)**

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,

(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee has failed to ensure that when there was no Family Council (FC) in place at the home, the home convened semi-annual meetings.

### **Rationale and Summary**

The home held FC meetings up until October of 2023. The home was unable to provide documentation demonstrating that semi-annual meetings with families

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were held in place of a FC.

The home's Acting Nurse Manager stated that at the time of the inspection, the home did not have a FC and they had not been holding semi-annual meetings to advise the right to establish a FC.

**Sources:** Interview with Acting Nurse Manager; and Policy: Family Council. [000696]

## **WRITTEN NOTIFICATION: Doors in a home**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
  - i. kept closed and locked,

The licensee has failed to ensure that doors leading to non-resident areas were closed and locked at all times.

### **Rational and Summary**

During the initial tour of the home, Inspector #000696 observed two doors leading to non-resident areas that were closed but unlocked and another door leading to a non-resident area was ajar.

In interviews, staff stated that these doors were to be locked at all times.

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There was minimal risk of harm to residents as a result of the doors not being kept locked or closed.

**Sources:** Inspector #000696's observations; Interviews with a staff member and the Plant Operations Supervisor. [000696]

## **WRITTEN NOTIFICATION: Windows**

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

**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that resident windows that opened to the outside did not open more than 15 centimeters (cm).

### **Rationale and Summary**

Inspector #000696 observed windows in three resident rooms and noted there was no mechanism in place to stop windows in two of these rooms from opening fully.

The Plant Operations Supervisor stated they were not certain whether all resident rooms had safeguards in place to prevent windows opening farther than 15cm but would have the maintenance staff check and make necessary alterations to the windows to adhere to the home's Doors and Windows policy.

There was a minimal risk of harm to residents at the time of the observation.

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**Sources:** Inspector #000696's observations; Policy: Doors and Windows - LTC; and interviews with the Plant Operations Supervisor. [000696]

## **WRITTEN NOTIFICATION: Nutritional care and hydration programs**

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

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to ensure the home's policy, "Food Temperature Audit Tool", regarding food temperature was complied with.

### **Summary and Rationale**

Pursuant to Ontario Regulation (O. Reg.) 246/22 s. 11 (1) b, the licensee was required to develop and comply with policies and procedures relating to nutritional care, dietary services and hydration.

Inspector reviewed the home's dining room temperature logs for food at point of service for one month in 2024. There were missing temperature recordings noted for various mealtimes.

A staff member and the home's Support Service Supervisor confirmed, food



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temperatures were to be conducted and recorded prior to the start of each meal service, as per the home's Food Temperature Audit Tool policy.

There was minimal risk to residents as a result of the home's lack of logging food temperatures.

**Sources:** Policy: Food Temperature Audit Tool; Review of temperature logs at point of service; Interviews with a staff member and Support Service Supervisor. [000696]