Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Central West District
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Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: August 25, 2023

Inspection Number: 2023-1203-0005

Inspection Type:
Critical Incident
Follow up

Licensee: Golden Dawn Senior Citizen Home

Long Term Care Home and City: Golden Dawn Nursing Home, Lions Head

Lead Inspector	**Inspector Digital Signature**
Alicia Campbell (741126)	Alicia Campbell Digitally signed by Alicia Campbell Date: 2023.09.12 12:00:11 -04'00'

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 14-18, 2023

The following intake(s) were inspected:

- Intake #00089070 - Follow up to the Order of the Director from original inspection #2022_1203_0002, related to prevention of abuse and neglect policy, with a compliance due date of August 5, 2022.
- Intake #00093314 - CI #2705-000008-23 - related to a fall of a resident that resulted in injury.
- Intake #00092137 - CI #2705-000007-23 - related to missing/unaccounted for controlled substances.
- Intake #00094932 - CI #2705-000009-23 - related to missing/unaccounted for controlled substances.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order of the Director from Inspection #2022-1203-0003 related to FLTCA, 2021, s. 104 (4) inspected by Alicia Campbell (741126)

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

Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reports re critical incidents

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (3) 3.

The licensee has failed to ensure that the Director was informed of a missing or unaccounted for controlled substance no later than one business day after the occurrence of the incident.

Rationale and Summary

a) Three incidents of a resident's medication capsules being found empty were not reported to the Director no later than one business day after the occurrence of the incidents.

The Director of Care (DOC) acknowledged that these incidents should have been reported no later than one business day after the occurrence of the incident.

The failure of the home to report this incident within the time frame specified may have delayed the Director in responding to the incident.

Sources: interview with DOC; Critical Incident Report; Medication Incident reports.

[741126]

b) Three incidents of resident's medication capsules being found empty were not reported to the Director until six months after the occurrence of the incidents, upon the Inspector's request.

The failure of the home to report these incidents may have delayed the Director in responding to the incident.

Sources: interviews with staff; documents; Critical Incident Report.

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WRITTEN NOTIFICATION: Quarterly evaluation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 124 (1)

The licensee has failed to ensure that an interdisciplinary team that included the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, met at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

Rationale and Summary
There was an interdisciplinary meeting to evaluate the effectiveness of the medication management system in the home. The meetings attendance included the Director of Care, the Medical Director and the Pharmacy Service Provider. The Administrator did not attend this meeting.

When all the required members were not included in the quarterly evaluation, suggestions for improvement from all required persons could not be considered.

Sources: interview with the Director of Care (DOC); documents.

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WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 147 (1) (a)

The licensee has failed to ensure that the medication incidents involving a resident were documented, together with a record of the immediate actions taken to assess and maintain the resident’s health.

Rationale and Summary
There were three incidents of resident's medication capsules being found empty. The DOC

acknowledged that these incidents were not documented, together with a record of the immediate actions taken to assess and maintain the resident's health.

When the medication incidents were not documented, together with a record of the immediate actions taken to assess and maintain the resident's health, there was risk that the cause of the incidents would not be addressed.

Sources: interview with the DOC; documents.

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WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 147 (1) (b)

The licensee has failed to ensure that every medication incident involving a resident was reported to the resident's substitute decision-maker.

Rationale and Summary
There were three incidents of resident's medication capsules being found empty. The DOC acknowledged that the residents substitute decision makers were not informed of these incidents.

When the resident's substitute decision makers were not informed of medication incidents involving the residents, there was risk that not having this information could have impacted future care decisions.

Sources: interview with the DOC; documents.

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NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021,the licensee is subject to a re-inspection fee of $500.00 to be paid within 30 days from the date of the invoice.
A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

-Order of the Director from inspection #2022_1203_0002, related to FLTCA, 2021, s. 25 (2) (e), issued on July 27, 2022, CDD August 5, 2022.

-The second follow up inspection was conducted in inspection #2022-1203-0004 (intake #00086558), a Written Notification was issued related to FLTCA, 2021, s. 104 (4), issued on May 31, 2023.

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.