

**Ministry of Long-Term Care**

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

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

## Public Report

**Report Issue Date:** June 23, 2025

**Inspection Number:** 2025-1203-0003

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Golden Dawn Senior Citizen Home

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

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 9-13, 17-20, and 23, 2025

The following intake(s) were inspected:

- Intake #00149027 - 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  
Pain Management  
Skin and Wound Prevention and Management  
Resident Care and Support Services  
Residents' and Family Councils  
Housekeeping, Laundry and Maintenance Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect

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Staffing, Training and Care Standards  
Residents' Rights and Choices

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Retraining

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 82 (4)**

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

The licensee has failed to ensure that staff members received annual retraining related to infection prevention and control (IPAC) that included signs and symptoms of infectious diseases, cleaning and disinfection practices, and handling and disposing of biological and clinical waste including used personal protective equipment (PPE).

**Sources:** review of staff educational records, Surge Learning modules, and interview with IPAC Lead.

### WRITTEN NOTIFICATION: Program Evaluations

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is

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complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

A) The licensee failed to complete a written evaluation of the skin and wound care program record for the 2024 year.

**Sources:** Interview with Director of Care (DOC), and skin and wound care program.

B) The licensee failed to complete a written evaluation of the pain management program for the 2024 year.

**Sources:** Interview with DOC, and pain management program.

## **WRITTEN NOTIFICATION: Staffing Plans**

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

**Non-compliance with: O. Reg. 246/22, s. 35 (4)**

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee failed to complete a written evaluation of the staffing plans for the 2024 year.

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**Sources:** Interview with DOC, and staffing plans.

## WRITTEN NOTIFICATION: Skin and Wound Care

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure that multiple resident's had weekly assessments completed for their wounds.

Staff failed to complete a skin and wound assessment for a resident with areas of altered skin integrity. Additionally, skin and wound evaluations should have been completed on the same day for another resident, with areas of altered skin integrity.

**Sources:** Skin and wound assessments for residents, interviews with staff, and the home's Skin and Wound Care Management Protocol policy.

## WRITTEN NOTIFICATION: Dining and Meal Service

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

**Non-compliance with: O. Reg. 246/22, s. 77 (1) (d)**

Menu planning

s. 77 (1) Every licensee of a long-term care home shall ensure that the home's menu

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cycle,

(d) includes a minimum of one entrée and side dish at all three meals and dessert at lunch and dinner;

The licensee failed to post the alternate side dishes available for residents on the home's menu for meal service, nor were residents provided with a "show plate" of what other options were available as per the home's policy. In addition, the master menu did not indicate what the alternate side dishes would be each day.

**Sources:** Fall/Winter 2024/25 menu cycle, interview with dietary manager, and dining observation.

## WRITTEN NOTIFICATION: Dining and Meal Service

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

**Non-compliance with: O. Reg. 246/22, s. 78 (4) (c)**

Food production

s. 78 (4) The licensee shall maintain, and keep for at least one year, a record of,  
(c) menu substitutions. O. Reg. 246/22, s. 78 (4).

The licensee failed to keep a written record of any changes made to the menu cycle, and ensure that residents were aware of any changes made to the daily menu.

**Sources:** Interview with dietary manager, and menu cycle.

## WRITTEN NOTIFICATION: Dining and Meal Service

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

**Non-compliance with: O. Reg. 246/22, s. 78 (5) (b)**

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Food production

s. 78 (5) If any food or beverages are prepared in the long-term care home for persons who are not residents of the home, the licensee shall maintain, and keep for at least seven years, records that specify for each week,

(b) the revenue and internal recoveries made by the licensee relating to the sale or provision of any food and beverage prepared in the home, including revenue and internal recoveries made from cafeteria sales and catering. O. Reg. 246/22, s. 78 (5).

Staff were observed taking food from the servery in the dining room and from the fridge for personal consumption. A record was not being kept and staff were not being charged when they took food from the resident's breakfast meal service.

**Sources:** Observations, interviews with dietary manager and administrator.

## WRITTEN NOTIFICATION: Dining and Meal Service

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)**

Dining and snack service

s. 79 (2) The licensee shall ensure that,

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

Soup was sitting on the tables in the dining room for residents that required assistance with eating, and there was not a staff member present at the tables to prevent the residents from spilling it and causing a potential injury.

**Sources:** Observations, and interview with registered dietician.

## WRITTEN NOTIFICATION: Infection prevention and control

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**program**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

A) A staff member was observed changing bed linen for a resident without wearing any of the required PPE as indicated on the Contact Precaution signage outside their room. Gloves and a gown were required for activities that involved direct care, or where the health care provider's skin or clothing may come in direct contact with the resident or items in the resident's room or bed space.

**Sources:** observations, review of resident clinical record, contact precaution signage, the home's policy and interview with the home's IPAC lead.

B) The licensee has failed to ensure that the hand hygiene program was followed, specifically related to supporting residents to perform hand hygiene prior to receiving meals.

During observations of the lunch meal service, multiple residents were not offered or provided support to clean their hands prior to receiving their meal.

**Sources:** Observations, review of the home's Hand Hygiene policy, and interview with the home's IPAC lead.

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## WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2)**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

1. The name and position of the designated lead for the continuous quality improvement initiative.
2. A written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative for the next fiscal year.
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.
4. A written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.
5. A written record of,
  - i. the date the survey required under section 43 of the Act was taken during the fiscal year,
  - ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
  - iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.
6. A written record of,



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- i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
- ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,
- iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
- iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
- v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to include several of the required legislation components on their continuous quality improvement (CQI) report for the 2024-25 year.

**Sources:** Interview with administrator, and CQI report.