

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

Public Report

Report Issue Date: September 15, 2025

Inspection Number: 2025-1552-0005

Inspection Type:
Critical Incident

Licensee: The Corporation of the City of Timmins

Long Term Care Home and City: Golden Manor, Timmins

INSPECTION SUMMARY

The inspection occurred onsite between August 25-29, 2025.

The following eight Critical Incident (CI) intakes were inspected:

- One intake related to a hypoglycemic episode of a resident,
- One intake related to improper/incompetent care of a resident,
- Four intakes related to missing residents,
- One intake related to allegations of resident-to-resident abuse, and
- One intake related to a resident who fell resulting in an injury.

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

- Resident Care and Support Services
- Medication Management
- Safe and Secure Home
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Reporting and Complaints
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reports concerning critical incidents

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

Non-compliance with: O. Reg. 246/22, s. 115 (3) 1.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.

The licensee has failed to ensure the Director was notified within one business day after the occurrence of two critical incidents.

Sources: Two CI reports and interviews with staff.

WRITTEN NOTIFICATION: Emergency plans

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

Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. viii.

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,
viii. situations involving a missing resident,

The licensee has failed to ensure the Code Yellow procedure for a missing resident was completed as per the home's Emergency Plan on three occasions.

Pursuant to Ontario Regulation 246/22 section s. 11. (1) (b) the licensee is required to ensure that where the Act requires the licensee of a long-term care home to have, institute or otherwise put in place any procedure, the licensee is required to ensure that the procedure is complied with.

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Specifically, the Code Yellow procedure was initiated three times. As per the home's Code Yellow procedure, Incident Manager Check Lists were required to track actions performed and timing of events during incident response. The home was unable to provide the required check list documentation for the three occurrences.

Sources: The home's Code Yellow Debrief packages, the home's procedure titled, "Code Yellow-Missing Resident", reviewed March 6, 2025 and interviews with staff.

COMPLIANCE ORDER CO #001 Home to be safe, secure environment

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- a) Develop and implement corrective action to ensure that residents cannot access the home's basement.
- b) Re-educate staff on the home's process for the actions that are to be taken when a door alarm is activated.
- c) Maintain a record of every action taken under sections (a) and (b).

Grounds

a) The licensee has failed to ensure that the home was a safe and secure environment for its residents when residents were able to access the basement (a non-residential area) via the elevator.

Sources: A CI report and interviews with staff.

b) The licensee has failed to ensure that the home was a safe and secure environment for residents when staff did not follow the home's procedure after a resident accessed

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an emergency exit.

Sources: The home's policy titled "EXIT DOORS AND STAIRWELL DOORS" last reviewed August 20, 2025, a CI report, interviews with staff.

c) The licensee has failed to ensure that the home was a safe and secure environment for its residents when the Inspector was able to access the basement via elevator.

Sources: A CI report, the home's policy titled "Elevator Monitoring & Access Administration" approved on August 27, 2025, Inspector's observations, interviews with staff.

This order must be complied with by October 27, 2025

COMPLIANCE ORDER CO #002 Transferring and positioning techniques

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- a) Develop and implement an auditing process to ensure that staff are using safe transferring and positioning techniques when assisting residents, including but not limited to the correct number of staff when using a lift and that residents are not kept in lifts for any longer than is necessary to provide care.
- b) Conduct the auditing process weekly for four weeks or longer if concerns continue to be identified and take corrective action.
- c) Maintain a record of everything required under sections (a) and (b).

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Grounds

The licensee has failed to ensure that a staff member used safe transferring and positioning techniques when they transferred a resident without the required number of staff, which resulted in injury.

Sources: A CI report, a resident's progress notes, the home's internal investigation and policy titled "RESIDENT HANDLING PROGRAM" last reviewed August 4, 2025, interviews with staff.

This order must be complied with by October 27, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

s. 40 of the Regulation

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This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP 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 AMP.

COMPLIANCE ORDER CO #003 Policy to promote zero tolerance

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- a) Retrain an identified staff member on the home's zero tolerance of abuse and neglect of residents policy. Ensure the training includes the requirements for investigating incidents of alleged or suspected abuse or neglect of residents.
- b) Retrain an identified staff member on the home's zero tolerance of abuse and neglect of residents policy. Ensure the training includes requirements for mandatory reporting.
- c) Maintain a record of everything required under sections (a) and (b).

Grounds

- a) The licensee has failed to ensure that a staff member complied with the home's policy to promote zero tolerance of abuse and neglect of residents when they became aware of allegations of potential neglect of a resident but did not fully investigate.

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Sources: The home's policy titled "Zero Tolerance of abuse and neglect" approved July 30, 2025, the home's internal investigation, a CI report, interviews with staff.

b) The licensee has failed to ensure that a staff member complied with the home's policy to promote zero tolerance of abuse and neglect of residents, when they became aware of allegations of potential neglect of a resident but did immediately report the allegations to the appropriate supervisor.

Sources: The home's policy titled "Zero Tolerance of abuse and neglect" approved July 30, 2025, and internal investigation, a CI report, a resident's health care records, interviews with staff.

This order must be complied with by October 27, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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

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