



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
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130 avenue Dufferin 4ème étage
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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 31, 2017	2017_580568_0021	021100-17	Resident Quality Inspection

Licensee/Titulaire de permis

GOLDEN DAWN SENIOR CITIZEN HOME
80 Main Street P.O. Box 129 Lion's Head ON N0H 1W0

Long-Term Care Home/Foyer de soins de longue durée

GOLDEN DAWN NURSING HOME
80 Main Street P. O. Box 129 Lion's Head ON N0H 1W0

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

DOROTHY GINTHER (568), SHARON PERRY (155), SHERRI COOK (633)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): September 18,19, 20, 21, 2017.

Follow-up to compliance order #001 log #031683-16 from inspection #2016_325568_002 was conducted in conjunction with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Dietary Manager, Activation Manager, Registered Dietitian, two Registered Nurses, two Registered Practical Nurses, four Personal Support Workers, an Environmental Aide, Family Council and Residents' Council representatives, residents and their families.

The inspectors also toured the home, observed medication administration, medication storage, reviewed relevant clinical records, policies and procedures, meeting minutes, schedules, posting of required information, medication incidents; observed the provision of resident care, resident-staff interactions, and observed the general maintenance, cleanliness, safety and condition of the home.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Falls Prevention

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Residents' Council

Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services
Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times unless there was an allowable exception to this requirement as provided for in the regulations.

This legislation/regulation was previously issued as a compliance order on September 30, 2016 inspection #2016_325568_0020 with a compliance date of February 28, 2017.

Review of the registered staff schedule for the period of August 28, 2017 to September 20, 2017, identified the following:

- a) There were four registered nurses on the schedule.
- b) The registered nurses worked 12 hour shifts.
- c) There were 4/24 (17 per cent) of day shifts, and 13/24 (54 per cent) of night shifts where there was no registered nurse on duty and present in the home.

During an interview with Director of Care (DOC) and Administrator, they said that during the last year the home was able to hire one full time and one part time registered nurse (RN), but they also had one registered nurse leave. They had 38 applications for RN positions over the past year, but 36 were from out of country. The Administrator stated that the home continued to actively recruit registered nurses by advertising on several websites including their own. In addition, they used every opportunity when attending community and regional health care meetings to recruit staff. They have encouraged their registered practical nurses (RPN) to pursue further education and have one RPN registered for the fall 2017 RN program. The Administrator stated that because of their geographic location it had been difficult to recruit and hold on to registered nurses.

Review of the identified websites showed that there were active postings for full time and part time registered nurses at the home. The home's website had just recently changed servers and they were in the process of updating their careers section.

The DOC and Administrator acknowledged that the home did not have a registered nurse who was a member of the regular nursing staff on duty and present in the home at all times.

This area of noncompliance was determined a level two, with potential for actual harm; the scope was a pattern given the percentage of shifts where there was no registered



nurse on duty (level two). The compliance history was a level four, ongoing non-compliance within the same area. A compliance order was issued during a Resident Quality Inspection #2016_325568_0020 on September 30, 2016. [s. 8. (3)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

The home's policy #80.005 titled "Falls Prevention and Management Program" revised August 2016 stated under "Fall and Post Fall Assessment and Management - Registered Nursing Staff" that they were to monitor every hour for the first four hours and then every four hours for 24 hours post-fall for signs of neurological changes. Residents on anticoagulants such as heparin, coumadin and aspirin, should be monitored for 48 hours after a fall for possible hematoma.

The DOC said that it was the home's expectation that a head injury routine (HIR) be conducted for all un-witnessed falls and witnessed falls. Registered staff were to document these head injury checks on the Glasgow Coma Scale (GCS) template or in a structured progress note.

- a) Review of a resident's clinical record identified that the resident had an un-witnessed fall. The resident was assessed by registered staff and there were no signs of injury. A GCS was conducted at the time of the assessment but there was no record that the resident's neurological signs were monitored over the first 24 to 48 hours.
- b) Review of a resident's clinical record identified that the resident had an un-witnessed fall. The resident was assessed by registered staff and it was documented that the resident had an injury. A GCS was conducted at the time of the assessment but there was no record that the resident's neurological signs were monitored over the first 24 to 48 hours
- c) Risk Management and the progress notes in Point Click Care (PCC) documented that a resident had multiple falls during a specified time period. There was no record that a HIR was completed for these falls.

The Physician's orders and the electronic medication record (eMAR) in PCC stated that the resident was receiving a specific medication daily.

In an interview with registered staff, they said that when a resident falls a HIR would be initiated if the resident hit their head or if the fall was un-witnessed. The registered staff also said that this would be documented in the progress notes. The staff member reviewed the plan of care for the identified resident with the inspector and agreed that a HIR was not documented for the identified un-witnessed falls and should have been.
(633)

During an interview with the DOC, they acknowledged that there was no record that a head injury routine had been conducted for the three residents' identified falls.

The licensee failed to ensure that the home's policy titled "Falls Prevention and Management" was complied with.

The severity of this area of noncompliance was identified as potential for actual harm (level two), and the scope was widespread (level three). The compliance history was a level three, with one or more noncompliance in the last three years. A Written Notification was issued during a Resident Quality Inspection #2015_277538_0015 on May 6, 2015.
[s. 8. (1) (a),s. 8. (1) (b)]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

Issued on this 2nd day of November, 2017

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.



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**Ministère de la Santé et
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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

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**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : DOROTHY GINTHER (568), SHARON PERRY (155),
SHERRI COOK (633)

Inspection No. /

No de l'inspection : 2017_580568_0021

Log No. /

No de registre : 021100-17

Type of Inspection /

Genre d'inspection: Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Oct 31, 2017

Licensee /

Titulaire de permis : GOLDEN DAWN SENIOR CITIZEN HOME
80 Main Street, P.O. Box 129, Lion's Head, ON,
N0H-1W0

LTC Home /

Foyer de SLD : GOLDEN DAWN NURSING HOME
80 Main Street, P. O. Box 129, Lion's Head, ON,
N0H-1W0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Kevin Jones

To GOLDEN DAWN SENIOR CITIZEN HOME, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

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Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

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Order # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre 2016_325568_0020, CO #001;
existant:

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The licensee shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times.

Grounds / Motifs :

1. The licensee has failed to ensure that there was at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times unless there was an allowable exception to this requirement as provided for in the regulations.

This legislation was previously issued as a compliance order on September 30, 2016, inspection # 2016_325568_0020 with a compliance due date of February 28, 2017.

Review of the registered staff schedule for the period of August 28, 2017 to September 20, 2017, identified the following:

- a) There were four registered nurses on the schedule.
- b) The registered nurses worked 12 hour shifts.
- c) There were 4/24 (17 per cent) of day shifts, and 13/24 (54 per cent) of night shifts where there was no registered nurse on duty and present in the home.

During an interview with Director of Care (DOC) and Administrator, they said



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
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**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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that during the last year the home was able to hire one full time and one part time registered nurse (RN), but they also had one registered nurse leave. They had 38 applications for RN positions over the past year, but 36 were from out of country. The Administrator stated that the home continued to actively recruit registered nurses by advertising on several websites including their own. In addition, they used every opportunity when attending community and regional health care meetings to recruit staff. They have encouraged their registered practical nurses (RPN) to pursue further education and have one RPN registered for the fall 2017 RN program. The Administrator stated that because of their geographic location it has been difficult to recruit and hold on to registered nurses.

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The DOC and Administrator acknowledged that the home did not have a registered nurse who was a member of the regular nursing staff on duty and present in the home at all times.

This area of noncompliance was determined a level two, with potential for actual harm; the scope was a pattern given the percentage of shifts where there was no registered nurse on duty (level two). The compliance history was a level four, ongoing non-compliance within the same area. A compliance order was issued during a Resident Quality Inspection #2016_325568_0020 on September 30, 2016. (568)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2017



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de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
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des Soins de longue durée**

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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this (these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

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



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Pursuant to section 153 and/or
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**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
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de soins de longue durée, L.O. 2007, chap. 8*

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 2T5

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416 327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 31st day of October, 2017

**Signature of Inspector /
Signature de l'inspecteur :**



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Name of Inspector /

Dorothy Ginther

Nom de l'inspecteur :

Service Area Office /

Bureau régional de services : London Service Area Office