



Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 24, 25, 27, Nov 9, 2012	2012_090172_0053	Other

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

JOAN WOODLEY (172)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care, the Activation Manager, the Registered Dietitian, 2 Registered Nurses, 2 Dietary Aides, 2 Personal Support Workers, 1 Activation/ Restorative Aide, 1 Housekeeper, 6 Residents and the President of the Residents' Council.

During the course of the inspection, the inspector(s) completed a walk through of the home, observed the lunch meal service, and reviewed the Home's Fall Prevention Program.

The following Inspection Protocols were used during this inspection:

- Admission Process
- Dining Observation
- Falls Prevention
- Infection Prevention and Control
- Residents' Council
- Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 56. Residents' Council
Specifically failed to comply with the following subsections:**

s. 56. (2) Only residents of the long-term care home may be a member of the Residents' Council. 2007, c. 8, s. 56 (2)

Findings/Faits saillants :

1. The President of the Residents' Council is a volunteer of the home and has been in this role for "some time". The Director of Care confirmed the home has not recently attempted to establish a "president" or "chair" of the Residents' Council from residents who reside in the home.
[LTCHA,2007,c.8.s.56(2)]

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council
Specifically failed to comply with the following subsections:**

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. Interview with the President of the Residents' Council revealed the Administrator always provides a written response to the council for their next meeting. Residents' council meets every 2-3 months.

Staff interview with the Director of Care revealed the Administrator always responds in writing to the Residents' Council in time for their next meeting.
[LTCHA, 2007,c.8,s.57(2)]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following subsections:

s. 79. (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79. (1).

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

- (a) the Residents' Bill of Rights;
- (b) the long-term care home's mission statement;
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;
- (e) the long-term care home's procedure for initiating complaints to the licensee;
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
- (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
- (h) the name and telephone number of the licensee;
- (i) an explanation of the measures to be taken in case of fire;
- (j) an explanation of evacuation procedures;
- (k) copies of the inspection reports from the past two years for the long-term care home;
- (l) orders made by an Inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
- (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
- (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
- (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
- (p) an explanation of the protections afforded under section 26; and
- (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)

Findings/Faits saillants :

1. Walk through of home did not reveal the following required posting of information:

- a) the Resident's Bill of Rights in French
- c) the policy on Zero Tolerance for Abuse, and Neglect
- d) the policy on Minimizing Restraints
- e) the policy on Whistle Blower Protection

Staff interview with Director of Care confirmed the above items were not posted at the time of the initial walk through.
[LTCHA, 2007, c.8,s.79(1)(3)(c,g,p)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following subsections:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. Interview with the President of the Residents' Council revealed that because he does not know about a survey therefore the council would not have had input into it, received the results of the survey nor been informed of any changes as a result.

Staff interview with the Director of Care revealed a satisfaction survey was completed in 2010 and input was obtained from each department but she was not aware that advice from the Residents' Council was sought, the results of the survey nor the action plan were discussed with the council.

[LTCHA, 2007,c.8,s.85(3)(4)(a)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following subsections:

s. 72. (2) The food production system must, at a minimum, provide for,

(a) a 24-hour supply of perishable and a three-day supply of non-perishable foods;

(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable;

(c) standardized recipes and production sheets for all menus;

(d) preparation of all menu items according to the planned menu;

(e) menu substitutions that are comparable to the planned menu;

(f) communication to residents and staff of any menu substitutions; and

(g) documentation on the production sheet of any menu substitutions. O. Reg. 79/10, s. 72 (2).

Findings/Faits saillants :

1. Staff interview with a Dietary Aide revealed the home had only prepared one textured modified entree for lunch. Should a resident not eat it, then the Dietary Aide would get another choice from the Kitchen.

Observation of hot cart revealed no other texture modified choice for lunch.

[O.Reg.79/10,s.72(2)(d)]

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. Interview with the President of Residents' Council revealed that to his knowledge the time for snacks and meals has never been discussed with the Residents' Council.

Staff interview with the Director of Care revealed there had been no discussions with the Residents' Council related to the meal and snack times that she was aware of.

[O.Reg.79/10,s.73(1)2]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following subsections:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. Observations of Tub room revealed:
 - a) 2 pairs of unlabeled nail clippers, (1 for toenails, 1 for finger nails)
 - b) 2 unlabeled hair brushes
 - c) large covered, metal garbage can very rusty with paint missing and scratches.
- [O.Reg.79/10,s.229(4)]

Staff interview and observations of a Personal Support Worker(PSW) revealed:

- a) the unlabeled toenail clippers were returned to a clear plastic container in the cupboard without disinfecting. PSW confirmed the clippers were used for all residents.
- b) the unlabeled hair brushes "should be labeled tub room"



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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 all staff are aware of Infection Prevention and Control practices, to be implemented voluntarily.

Issued on this 9th day of November, 2012

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

Jean A. Stodley. RN.