

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: April 15, 2025

Inspection Number: 2025-1552-0002

Inspection Type:

Proactive Compliance Inspection

Licensee: The Corporation of the City of Timmins

Long Term Care Home and City: Golden Manor, Timmins

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 7-11, 2025.

The following intake was inspected:

- One intake related a Proactive Compliance Inspection (PCI).

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Residents' and Family Councils
Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 1.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

The licensee failed to ensure that a resident was treated with courtesy and respect in a way that fully recognized their dignity.

Sources: Inspectors observations.

WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.

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The licensee has failed to ensure that two resident's rooms in different parts of the home had temperature's taken from September 16th, 2024, to April 9, 2025, to monitor if the resident's rooms were maintained at 22 degrees Celsius.

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

Dining and snack service

s. 79 (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:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee has failed to ensure that a dining service included proper techniques when assisting residents with eating. The inspector observed a staff member providing a resident with feeding assistance while in an improper position.

Sources: Inspector observations; Home's policy titled Resident Dining Services, policy number COT-GM-DTS-C-001-v02.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #004 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).

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a) The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented; specifically, the licensee has failed to ensure that all residents were provided hand hygiene before meals.

Sources: IPAC Standard for Long-Term Care (LTC) Homes, revised September 2023 section 10.4; Inspector observation; and Home's policy.

b) The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented; specifically, the licensee has failed to ensure that routine practices involving hand hygiene were followed. During lunch service, a staff member was not performing proper hand hygiene while completing their tasks involving residents.

Sources: IPAC Standard for Long-Term Care (LTC) Homes, revised September 2023 section 9.1; Inspector observation.

COMPLIANCE ORDER CO #001 Dietary services and hydration

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

Non-compliance with: FLTCA, 2021, s. 15 (1) (b)

Dietary services and hydration

s. 15 (1) Every licensee of a long-term care home shall ensure that there is,
(b) an organized program of hydration for the home to meet the hydration needs of residents.

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

1. Develop and implement an organized program of hydration, in consultation with the home's registered dietitian. The program at a minimum should include the requirements under O. Reg. 246/22, s. 74 (2) in relation to hydration.
2. Keep a documented record of the program, when it was developed, who was

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involved in the development, and when the program was implemented into the home.

3. Train all staff and management of the home on the program. Keep a record of who completed the training and when it was completed.

Grounds

The licensee has failed to ensure that there was an organized program of hydration for the home to meet the hydration needs of residents.

The inspector requested the homes hydration program in relation to an identified concern regarding fluids being offered at meals. In response to the request, the homes RD confirmed that there was no hydration program at the home.

Sources: Interviews with RD.

This order must be complied with by May 28, 2025

COMPLIANCE ORDER CO #002 Nutritional care and hydration programs

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(c) the implementation of interventions to mitigate and manage those risks;

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

1. Retrain all staff involved in meal and snack service on the homes requirements

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for offering residents adequate fluids at meals and snacks. Keep a written record of the staff who completed the training, the staff who administered the training, when it was completed, the contents of the training.

2. Develop and implement an auditing process in the home for ensuring residents are being offered adequate fluids at meals. Conduct the audits weekly for a minimum of 4 weeks. Keep a written record of the auditing tool and the completed audits and any corrective action taken.
3. Develop and implement a process for ensuring that individualized hydration requirements are included in all residents' plan of care.
4. Develop and implement a reference document to ensure that dietary staff know which foods are to be permitted to be served for each texture modified and therapeutic diet for all meals and snacks in the menu cycle. Keep a written record of this resource.
5. Train all dietary staff on the developed resource. Keep a written record of who completed the training, who administered the training, when the training was completed, and the contents of the training.

Grounds

- a) The licensee has failed to ensure that the homes dietary services program implemented interventions to mitigate risks related to modified textures.

Specifically, the home did not have a resource available to staff to confirm which foods were appropriate to be served to residents receiving texture modified or therapeutic diets.

Sources: Interviews with staff and RD of the home.

- b) The licensee has failed to ensure that they implemented interventions to mitigate risks associated with hydration at the home.

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Specifically, the home failed to ensure that adequate fluids were offered to residents at the home.

Sources: Inspector Observations; A policy of the home, Staff and RD interviews.

This order must be complied with by May 28, 2025

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REVIEW/APEAL 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

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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

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

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Director

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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.