



Health, Seniors and Active Living  
Regional Policies & Programs, Continuing Care Branch  
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June 6, 2017

Mr. Milton Sussman  
Chief Executive Officer  
Winnipeg Regional Health Authority  
650 Main Street  
Winnipeg, MB R3B 1E2

Dear Mr. Sussman,

**Golden Links Lodge Personal Care Home (PCH) – Unannounced Review Report and Status of Operating Licence**

As you are aware, an unannounced review (UR) occurred at Golden Links Lodge PCH Inc. (GLL) on November 22, 2016, in follow-up to both the facility's regular standards review (SR) and recent governance and leadership issues at the facility. As a result, GLL was issued an operating licence with conditions for 2017.

On May 18, 2017, an unannounced review was conducted. Evidence found at this review showed significant improvement in processes and practices and a facility, with WRHA Long Term Care support, that has worked hard over these past several months to address all requirements.

As a result, at this time, the conditions on the facility's current operating licence are lifted. The new 2017 unencumbered operating licence has been sent to the facility. Please see the attached Summary of Evidence addressing all requirements and a report for details of the May 18, 2017 UR.

The significant efforts at GLL, with the support of the WRHA, are indeed evident in the consistent progress of the facility in achieving compliance.

Sincerely,

Roxie Eyer, Director  
Continuing Care Branch

cc: Teresa Mrozek, Acting Assistant Deputy Minister (MHSAL)  
Lorraine Dacombe Dewar (MHSAL)  
Gina Trinidad (WRHA)  
Hana Forbes (WRHA)  
Barbara GrahamNorth (MHSAL)

## Summary of Evidence for Decision Rationale

Requirements to lift the suspension on admissions and all licence conditions for Golden Links Lodge	Findings at Unannounced Review
<ul style="list-style-type: none"> <li>• The facility has been inspected and is found to be adequately clean and that infection control practices are properly and continuously applied in all departments.</li> <li>• There is consistent evidence that the care plans for the current residents are accurate, pertinent to the individual resident and that there is a solid plan (i.e. a schedule) for them to be consistently reviewed by at least two interdisciplinary members of the care team every three months.</li> <li>• Evidence has been provided that an appropriate management team is in place and has been oriented to their respective roles.</li> <li>• There is evidence that there has been education delivered to all staff on:               <ul style="list-style-type: none"> <li>i. Infection control and infection prevention practices, along with successful hand hygiene audits.</li> <li>ii. Fire drills and fire prevention education to ensure staff are able to protect the residents in case of a fire.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Found at the URs on March 1 and May 18, 2017.</li> <li>• Processes to ensure the ongoing cleanliness of the facility have been implemented and are operational.</li> <li>• All care plans reviewed meet the requirements overall.</li> <li>• The care plans have been reorganized. All nurses have received training on completing the electronic assessment and care plans which provides greater opportunity for changes in care needs to be entered into the care plan quickly and accurately.</li> <li>• All but one care plan in the facility has gone through a complete reassessment and re-writing process by a multidisciplinary team. The final one is scheduled for next week. Overall, the ADL sheets reviewed were consistent with the information in the care plans.</li> <li>• A full management team is in place and adequately oriented.</li> <li>• i. Mandatory education for all staff, related to fire safety, infection control, communication and health record documentation, is complete.</li> <li>• ii. 95% of the facility staff have completed their required fire education for 2017.</li> <li>• iii. Fire drills are now occurring as required and there is a schedule for the remainder of 2017.</li> </ul>