



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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ième} étage
London ON N6B 1R8

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

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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Date(s) of inspection/Date de l'inspection March 21, 2011	Inspection No/ d'inspection 2011-155-1033-21Mar111216	Type of Inspection/Genre d'inspection L-00161 Complaint
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Licensee/Titulaire
Golden Years Nursing Homes (Cambridge) Inc., 704 Eagle Street North, Cambridge, ON N3H 4T3

Long-Term Care Home/Foyer de soins de longue durée
Golden Years Nursing Home, 704 Eagle Street North, Cambridge, ON N3H 4T3

Name of Inspector(s)/Nom de l'inspecteur(s)
Sharon Perry #155

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection regarding resident care and services.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Environmental Staff, and Residents.

During the course of the inspection, the inspector: did a tour of the home; observed residents that had restraints; reviewed restraint documentation; observed lunch on main floor dining areas; and observed 2 p.m. snack carts for all resident care areas.

The following Inspection Protocols were used during this inspection:
Minimizing of Restraining
Snack Observation

There are no findings of Non-Compliance as a result of this inspection.

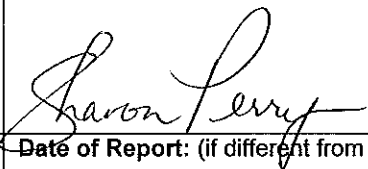


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title:	Date:	 Date of Report: (if different from date(s) of inspection). March 23, 2011