



**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

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

Division de la responsabilisation et de la performance du  
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<b>Date(s) of inspection/Date de l'inspection</b> March 9, 2011	<b>Inspection No/ d'inspection</b> 2011_128_1033_09Mar085311	<b>Type of Inspection/Genre d'inspection</b> Follow-up - L-000419-11
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**Licensee/Titulaire**  
Golden Years Nursing Homes (Cambridge) Inc., P.O. Box 3277, 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/Nom de l'inspecteur**  
Ruth Hildebrand (ID #128)

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a Follow-up to inspection # 2010\_128\_1033\_29Nov113559. Non-compliances related to safe positioning of residents, incorrect diets and safety of treatment carts were identified at that inspection.

During the course of this inspection, the inspector spoke with the Administrator, Director of Care, Nutrition Manager, 1 Registered Nurse, 2 Registered Practical Nurses, 4 Personal Support Workers and 5 residents.

During the course of the inspection, the inspector observed lunch in the Lower East dining room and afternoon snack in the Main hallway. The partial clinical records of 5 residents were reviewed.

The following Inspection Protocols were used during this inspection:

- Dining Observation

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

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.



**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
DR – Director Referral/Régisseur envoyé  
CO – Compliance Order/Ordres de conformité  
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**CORRECTED NON-COMPLIANCE  
Non-respects à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
O. Reg. 79/10, s.73 (1) 10	WN, CO	001	2010_128_1033_29Nov113559.	128
O. Reg.79/10, s. 129(1)(a)(ii)	WN		2010_128_1033_29Nov113559.	128
O. Reg. 79/10, s. 24 (7)	WN		2010_128_1033_29Nov113559.	128

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.

March 11, 2011

Title: Date:

Date of Report: (if different from date(s) of inspection).