



**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

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

Division de la responsabilisation et de la performance du  
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Dates of inspection/Date de l'inspection May 12, 2011	Inspection No/ d'inspection 2011_112_1033_12May081411	Type of Inspection/Genre d'inspection L-000667 Complaint
<b>Licensee/Titulaire</b> Golden Years Nursing Homes (Cambridge) Inc., 704 Eagle Street North, P.O. Box 3277, Cambridge, ON, N3H 4T3		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Golden Years Nursing Home, 704 Eagle Street North, P.O. Box 3277, Cambridge, ON, N3H 4T3		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b> Carole Alexander #112		
<b>Inspection Summary/Sommaire d'inspection</b>		
The purpose of this inspection was to conduct a complaint inspection related to personal care and support services		
During the course of the inspection, the inspector spoke with the Administrator, Director of Care, and a Registered Nurse.		
During the course of the inspection, the inspector reviewed the resident's clinical record		
The following Inspection Protocols were used in part or in whole during this inspection: Personal Care and support Services		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:		
1 WN 1 VPC		



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**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement envoyé

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre de travail et d'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 constitue 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.)

**WN #1:** The Licensee has failed to comply with The Ontario Regulation 79/10 S. 26. (1) Every licensee of a long-term care home shall ensure that the requirements of this section are met with respect to every plan of care. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

10. Health conditions, including allergies, pain, risk of falls and other special needs
13. Nutritional status, including height, weight and any other risks relating to nutrition care
14. Hydration status and any risks relating to hydration
18. Special treatments and interventions.

**Findings:**

A resident's health condition not assessed for pain, nutritional status, bowel changes and past diagnosis for a minimum of ten days in February, 2011.

**Inspector ID #:** 112

**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 related to resident's plan of care assessments, to be implemented voluntarily.

<b>Signature of Licensee or Representative of Licensee</b> <b>Signature du Titulaire du représentant désigné</b>	<b>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.</b>	
<b>Title:</b>	<b>Date:</b>	<b>Date of Report:</b> May 28, 2011