



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 30, 2019	2019_610633_0002	003076-18, 004487-18, 004651-18, 005898-18, 005900-18, 005901-18, 008306-18, 011094-18, 015313-18, 019189-18, 020219-18, 021257-18, 023213-18, 026491-18	Critical Incident System

Licensee/Titulaire de permis

Golden Years Nursing Homes (Cambridge) Inc.
704 Eagle Street North P.O. Box 3277 CAMBRIDGE ON N3H 4T3

Long-Term Care Home/Foyer de soins de longue durée

Golden Years Nursing Home
704 Eagle Street North P.O. Box 3277 CAMBRIDGE ON N3H 4T3

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

SHERRI COOK (633), BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 14-18, 21-25, 2-19.

The following intakes were completed during this inspection:

Log #011094-18- Follow up (FU) to compliance order (CO) #002 from inspection 2018_610633_0005 related to falls prevention and plan of care.

Log #005898-18, #005900-18, and #005901-18- FU to orders #001, #002, and #003 from inspection 2018_610633_0017 related to abuse.

Log #015313-18, #003076-18, and #021257-18- critical incidents (CI's) related to falls prevention.

Log #023213-18, #019189-18, #026491-18- CI's related to alleged abuse.

Log #020219-18- CI related to transferring and positioning.

Log #008306-18 and #004651-18- CI's related to maintenance and fire safety.

Log ##004487-18- Complaint related to plan of care.

Inspector Amanda Owen #738 was present during this inspection.

During the course of the inspection, the inspector(s) spoke with the Senior Executive Director (ED), the Director of Resident Care (DRC), the Assistant Director of Resident Care (ADRC), the Senior Director of Nursing (DON), the Food Services Supervisor (FSS), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support workers (PSWs), Laundry staff, residents and family members.

In addition inspector(s) toured the home, observed resident/staff interactions and reviewed the plan of care for the identified residents and the home's relevant documentation and policies.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Continence Care and Bowel Management

Falls Prevention

Personal Support Services

Prevention of Abuse, Neglect and Retaliation



During the course of this inspection, Non-Compliances were issued.

4 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2018_610633_0002		633
LTCHA, 2007 S.O. 2007, c.8 s. 20.	CO #003	2018_610633_0002		633
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #002	2018_610633_0002		633
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #002	2018_610633_0005		633



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production



Specifically failed to comply with the following:

s. 72. (7) The licensee shall ensure that the home has and that the staff of the home comply with,

(a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service; O. Reg. 79/10, s. 72 (7).

(b) a cleaning schedule for all the equipment; and O. Reg. 79/10, s. 72 (7).

(c) a cleaning schedule for the food production, servery and dishwashing areas. O. Reg. 79/10, s. 72 (7).

Findings/Faits saillants :

The licensee failed to ensure that the staff of the home complied with a cleaning schedule for the food production, servery and dish washing areas.

During a tour of the kitchen on a specific date, the frequency and/or the thoroughness of cleaning in the kitchen did not appear adequate. Several areas were observed to be visibly soiled. The wall and floor surfaces behind a stainless steel table next to the hand sink had debris and visible stains, a stainless steel shelving unit in the dish wash area was heavily rusted, the frames of the shelving units in the walk-in cooler were coated with an unknown substance and a portion of one wall in the walk-in cooler had a pink spill stain with the appearance of mould growing over top. In addition, debris behind a shelving unit was noted in the dried goods storage room and rodent droppings next to a mechanical rodent trap by the back door were also observed.

A cleaning schedule for the a specific month, was provided by the Administrator, and stated that all of the above noted areas and equipment were to be cleaned on a weekly basis. For the walk-in cooler, documentation was made that the surfaces, including the shelving were cleaned during the one week however, not for two other weeks.

The licensee failed to ensure that the staff of the home complied with a cleaning schedule for the food production, servery and dish washing areas.



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 to ensure that the home has and that the staff of the home comply with, (a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service; (b) a cleaning schedule for all the equipment; and (c) a cleaning schedule for the food production, servery and dishwashing areas, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :



The licensee has failed to ensure that an identified resident was reassessed and the plan of care reviewed and revised when the resident's care needs changed.

A critical incident (CI) report was submitted to the Ministry of Health and Long-Term Care related to specific care concerns. The family stated care had not been provided to the resident on a specific date.

The plan of care for the resident documented that they had declined over a period of time. The family had requested increased care on two specific dates. The resident was not reassessed with their significant change in health status until after the family spoke with the DOC.

The plan of care for the resident was not revised when the resident's health status changed nor when the family requested more frequent care.

A registered staff member said that when a resident declined they would contact the family and ask them what they wanted to do and the plan of care should be updated. They also said that end of life tasks included more care.

The licensee has failed to ensure that an identified resident was reassessed and the plan of care reviewed and revised when the resident declined and their care needs changed.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that, (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :



As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, the licensee failed to ensure that, there were procedures in place for routine, preventive and remedial maintenance, specifically for the kitchen.

During a tour of the kitchen on a specific date, moderate damage to a wall in the dish wash area was observed. Several wall tiles were loose and one was missing and the drywall above the tiles in one area was damaged. Some damage was related to cart or kitchen equipment impact and some damage appeared to have been caused by moisture. In the dried goods storage room, in a corner between a shelving unit and the back of the walk-in freezer, a black substance resembling mould was observed growing horizontally, along the corner. It appeared that the corner was damaged near the floor/wall junction, however debris in the area prevented an adequate view.

According to the FSS, who was aware of the damage in the dish wash area, the condition of the wall was reported verbally to a maintenance person over a period of time. The home's maintenance request for repair, which was a computer-based program was not used. The FSS was not aware of the mould growth in the dried storage goods room.

According to the licensee's policies and procedures related to preventive and routine maintenance, no specific audit or inspection routine was developed or in place for the kitchen with the exception of major appliances, filters and grease trap. A written job description for the FSS included their role in conducting daily inspections of the kitchen to identify and resolve any hazards or problems. The Administrator reported that any staff who saw disrepair or a problem, were required to use their maintenance request for repair system, so that the issue could be formally logged and responded to by their maintenance person.

The licensee did not ensure that, there were procedures in place for routine, preventive and remedial maintenance, specifically for the kitchen.

**WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101.
Conditions of licence**



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Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :



The licensee has failed to comply with the following requirement of the LTCHA: it is a condition of every licensee that the licensee shall comply with every order made under this Act.

On March 19, 2018 CO#003 from inspection number 2018_610633_002 / log # 001736-18 was issued under s. 20:

The licensee must be compliant with s. 20 (1)(2).

Specifically the licensee must:

- a) Ensure that the policy to promote zero tolerance is complied with including the process for completing and documenting investigations.
- b) Revise the policy to promote zero tolerance to ensure compliance with s. 20(2) of the LTCHA which includes the duty to report under s. 24(1) of the LTCHA.
- c) Re-educate all staff and Management on the revised policy to promote zero tolerance including the process for completing and documenting investigations and the duty to report under s. 24(1) of the LTCHA. This training must be documented.

The compliance date was July 25, 2018.

The licensee completed steps a) and b) in CO#003.

The licensee failed to complete step c).

The staff education and the home's action plan provided by the Assistant Director of Resident Care (ADRC), showed that all staff had not completed the education to promote zero tolerance that included the process for completing and documenting investigations.

The ADRC stated that three staff had not completed the education as required by the compliance due date.

The licensee has failed to comply with CO #003 related to re-educating staff on the revised policy to promote zero tolerance that included the process for completing and documenting investigations.



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Issued on this 30th day of January, 2019

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.