

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Original Public Report**

<b>Report Issue Date:</b> April 29, 2024	
<b>Inspection Number:</b> 2024-1026-0002	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Golden Years Nursing Homes (Cambridge) Inc.	
<b>Long Term Care Home and City:</b> Golden Years Nursing Home, Cambridge	
<b>Lead Inspector</b> Diane Schilling (000736)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Dianne Tone (000686)	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): April 9-11, 15-19 &amp; 22, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>Intake: #00112764 - Proactive Compliance Inspection</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Residents' and Family Councils

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Medication Management  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Quality Improvement  
Residents' Rights and Choices  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Doors in Home

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 2.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

The licensee failed to ensure that the door leading to the secure outside area on the lower level was equipped with locks to restrict unsupervised access to those areas by residents.

### Rationale and Summary

Inspector #000686 observed the door leading to a secure outside area was not lockable. The Executive Director stated the door had an alarm but does not lock from the inside. A combination lock was put on the door. On several occasions after

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that, inspector #000686 observed the combination lock to be in an open position and the door to be unlocked.

When the door to the secure outside area on the lower level was not kept locked it put residents at risk of harm.

**Sources:** Observations, staff interviews and ED interview.  
[000686]

### **WRITTEN NOTIFICATION: Safe Storage of Drugs**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)**

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,  
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The licensee failed to ensure that controlled substances were stored in a separate locked area within the locked medication cart.

### **Rationale and Summary**

Inspector #000686 observed as Registered Practical Nurse (RPN) #112 pulled a controlled substance for a resident and did not put them in the locked narcotic box within the medication cart, but instead in the resident's section of the medication cart.

Director of Care (DOC) #115 and Registered Nurse (RN) #110 stated controlled substances are to be placed in the locked narcotic bin in the medication cart once

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pulled from ARxIUM and until they are administered.

**Sources:** Observations, CareRX policy on Controlled Substance Disposal, interview with DOC and others  
[000686]

## **WRITTEN NOTIFICATION: Continuous quality improvement initiative report**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 5.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,

- i. the date the survey required under section 43 of the Act was taken during the fiscal year,
- ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
- iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that the home's Continuous Quality initiative (CQI) report that was posted on their website, met the requirements of Ontario Regulation (O. Reg.) s. 168 (2) 5.

### **Rationale and Summary**

The home's CQI report for the fiscal year ending in 2023 that was posted on their website, was reviewed, and did not meet each of the requirements of Ontario

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Regulation (O. Reg.) s. 168 (2) 5.

**Sources:** Golden Years workplan QIP dated 2024-2025 and QIP narrative dated April 1, 2024 posted on their website, interview with the ED.  
[000736]

## **WRITTEN NOTIFICATION: Continuous quality improvement initiative report**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 6.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,

- i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
- ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,
- iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
- iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
- v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

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The licensee has failed to ensure that their Continuous Quality Improvement (CQI) initiative report for the fiscal year ending in 2023 that was posted on their website met each of the requirements of Ontario Regulation (O. Reg), s. 168 (2) 6.

**Rationale and Summary**

The home's CQI report that was posted on their website, was reviewed and did not meet the requirements of Ontario Regulation (O. Reg.), s. 168 (2) 6.

Quality Improvement (QI) Lead #100 was unable to demonstrate how the CQI report posted met each requirement under O. Reg s. 168 (2) 6.

By not meeting the requirements of O. Reg. s. 168 (2) 6, residents and their families, Residents' council, Family council, and the members of the staff of the home may be unaware of the actions taken, when they were taken, and who was involved in developing the actions in relation to the QIP.

**Sources:** Golden Years workplan QIP dated 2024/2025 and QIP Narrative dated April 1, 2024 and posted on their website, Interviews with the QI Lead.  
[000736]