



Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 18, Nov 9, 15, 19, 2012	2012_090172_0063	Other

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

JOAN WOODLEY (172)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Business Manager, the Director of Nutritional Services, the Director of Programs, 1 Registered Practical Nurse, 4 Personal Support Workers, 1 Housekeeping Aide, 1 Laundry Aide and the Chair of the Residents' Council.

During the course of the inspection, the inspector(s) completed a walk through of the home, observed care, reviewed health care records, reviewed Policies and Procedures and other relevant documents. This Inspection is related to a Service Area Initiated Inspection (SAOI).

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Maintenance
- Admission Process
- Dignity, Choice and Privacy
- Dining Observation
- Falls Prevention
- Infection Prevention and Control

Nutrition and Hydration
Residents' Council
Findings of Non-Compliance were found during this inspection.
NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.

Findings/Faits saillants :

1. Observations made during the initial walk through of the home revealed a 4 bedroom room, that did not have any privacy curtains.
 2. Staff interview with housekeeper revealed the privacy curtains were taken down that morning to be washed.
 3. Follow up email received from Director of Care revealed it is usually 3 hours to wash and dry curtains dependent on the availability of the laundry equipment.
 4. Staff interview with the Administrator revealed the home does not have replacement curtains for all the privacy curtains should they ever be all taken down. However, they do have replacement curtains to use as they wash privacy curtains going room to room.
- [O. Reg. 79/10, s. 13.]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management Specifically failed to comply with the following subsections:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. Staff interview with the Director of Care revealed the home has an Incident Investigation Report which is used for Falls, Assault, Elopement, Fire, Theft and other, as well, the home uses an Head Injury Neurological Flow Sheet which records vital signs.

Staff interview with the Administrator reveals the home does not use a clinically appropriate assessment instrument that is specifically designed for falls when a resident has fallen, at the time of the inspection rather they use the Incident Investigation Report.

[O. Reg. 79/10, s. 49.(2)]

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 a post fall assessment is completed using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

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

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,

(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and

(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

Findings/Faits saillants :

1. Observations made during initial walk through of the home revealed ceiling tiles with rust stains.

Staff interview with the Administrator revealed the home has replaced ceiling tiles and tries to replace any stained ceiling tiles as identified.

[O. Reg. 79/10, s.90.(1)(b)]

Issued on this 19th day of November, 2012

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

