

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

Report Issue Date: September 23, 2024

Inspection Number: 2024-1026-0004

Inspection Type:

Critical Incident

Licensee: Golden Years Nursing Homes (Cambridge) Inc.

Long Term Care Home and City: Golden Years Nursing Home, Cambridge

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 10-12, 2024

The following intake(s) were inspected:

- Intake: #00118052 related to Infection Prevention and Control

The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control
Safe and Secure Home

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Doors in a Home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

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

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee failed to ensure that all doors leading to non-residential areas are kept closed and locked when they are not being supervised by staff.

Rationale and Summary

The home was using a non-residential area as storage space for cytotoxic waste. The door was to remain closed and locked at all times when not being supervised by staff.

The door was unlocked three separate times during this inspection.

When staff do not ensure doors are closed and locked as required, there is a risk of unauthorized access by residents and/or others.

Sources: Observations, Interview with Executive Director of Care and other staff.

[705751]

WRITTEN NOTIFICATION: Infection Prevention and Control

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Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The home failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control were implemented.

In accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, September 2023, the home was required to ensure that policies and procedures implemented include waste management (section 5.4).

The home's Cytotoxic Waste Management policy directs staff to ensure that waste contaminated with blood, vomit or excretions and incontinent briefs for disposal are to be put in a separate plastic bag, the bag tied, and the bag disposed of in a red cytotoxic hazardous waste container. Staff are to ensure when the container is full, to close it tight.

Rationale and Summary

During this inspection, Inspector #705751 observed multiple cytotoxic containers that were overfilled, waste not in plastic bags, and containers not closed.

When staff do not follow their policies and procedures for waste management, there is risk of exposure to biohazardous waste.

Sources: Observations, Cytotoxic Waste Management policy (110030.00), education

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material, interview with Infection Prevention and Control lead and other staff.

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