



**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

London Service Area Office  
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London ON N6B 1R8

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

Division de la responsabilisation et de la performance du  
système de santé  
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<b>Date(s) of inspection/Date de l'inspection</b> December 22, 2010	<b>Inspection No/ d'inspection</b> 2010_170_1033_22Dec094726 2010_191_1033_22Dec065118	<b>Type of Inspection/Genre d'inspection</b> Complaint L-01786
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**Licensee/Titulaire**  
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(s)**  
Dianne Wilbee #170, Kim White #191

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection related to adherence to fluid intake orders and availability of mechanical lifts.

During the course of the inspection, the inspectors spoke with: Administrator, Director of Care, Personal Support Workers (4), Registered Staff (2), Residents (2), Family (1), Dietary Manager, Maintenance staff (1).

During the course of the inspection, the inspectors: Reviewed residents' records (2), reviewed policies and procedures related to Food and Fluid Records and Hydration, reviewed Fluid Intake Standard document, reviewed residents' Snack and Meal Intake records (2 residents), noted Nutritional Risk – High resident list, observed lunch meal small dining room, reviewed policy and procedure related to mechanical lifts, reviewed inspection reports for mechanical lifts completed by contracted service, toured home and observed mechanical lifts (ceiling, hoist, tub and sit to stand lifts).

The following Inspection Protocols were used during this inspection:  
Nutrition and Hydration  
Accommodation Services: Maintenance

There are no findings of Non-Compliance as a result of this inspection.



Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	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.  <i>Dianne Skelton #170</i> <i>Kim Dulata #191</i>
Title: _____ Date: _____	Date of Report: December 22, 2010