



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

**Rapport d'inspection  
prevue 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

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

Division de la responsabilisation et de la performance du  
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<b>Date(s) of inspection/Date de l'inspection</b> August 18, 2010	<b>Inspection No/ d'inspection</b> 2010_105_1033_17Aug121814	<b>Type of Inspection/Genre d'inspection</b> Follow-up
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**Licensee/Titulaire**  
Golden Years Nursing Homes (Cambridge) Inc. 704 Eagle St. N. PO Box 3277 Cambridge ON N3H 4T3

**Long-Term Care Home/Foyer de soins de longue durée**  
Golden Years Nursing Home 704 Eagle St. N. PO Box 3277 Cambridge, ON N3H 4T3

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
June Osborn (#105) and Joan Woodley (#172)

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a follow-up inspection.

During the course of the inspection, Inspector #172 spoke to the administrator, nurse consultant, 1 RPN, and 3 PSWs.; Inspector #105 spoke to the administrator, DOC, Charge RN, 1RPN, 2 PSWs, and 2 residents.

During the course of the inspection, Inspector #172 completed a walk through of the main floor and second floor observing staff/resident interactions, resident activities, medication pass, locking of medication carts when staff not in attendance, morning nourishment pass, home cleanliness and any odours, and hand sanitizing of staff between residents.

Inspector #105 completed 2 reviews of the plan of care to determine resident documented preferences to compare with their verbal responses, general observations of staff /resident interactions.

The following Inspection Protocols were used in part or in whole during this inspection: Inspector #172 used Quality Improvement IP; Inspector #105 used Dignity Choice and Privacy IP.

Findings of Non-Compliance were found during this inspection. The following action was taken:  
2 WN  
2 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.



**NON-COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
DR – Director Referral/Régisseur envoyé  
CO – Compliance Order/Ordres de conformité  
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, Chapter 8 S. 84 Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates, and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home.

**Findings:**

**1. The home's quality improvement system is only in the very early stage of being developed.**

**Inspector ID #:** #172

**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 quality improvement and review system is developed, to be implemented voluntarily.



**WN #2:** The Licensee has failed to comply with O.Reg. 79/10 s. 26(3)21  
A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Sleep patterns and preferences.

**Findings:**

1. Resident preferences for sleep not stated on plan of care.

**Inspector ID #:** #105

**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 sleep patterns and preferences are part of the plan of care, to be implemented voluntarily.

**CORRECTED NON-COMPLIANCE  
Non-respectés à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
NHA Ch.N.7 S 2(2)(1)			2010_105_1033_17August121814	#105 and #172

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.

*Jean L. Hodley  
June Laborn*

Title: Date:

Date of Report (if different from date(s) of inspection).

*August 20, 2010*