



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

**Rapport d'inspection
prévus 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
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ème} étage
London ON N6B 1R8

**Ministère de la Santé et des Soins de
longue durée**
Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of Inspection/Date de l'inspection September 14 & 15, 2010	Inspection No/ d'inspection 2010_128_1033_14Sep101035	Type of Inspection/Genre d'inspection Dietary Follow-up to 2010_128_1033_20Jul154338
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Licensee/Titulaire
Golden Years Nursing Homes(Cambridge) Inc., P.O. Box 3277,704 Eagle Street North, Cambridge, ON N3H 4T3

Long-Term Care Home/Foyer de soins de longue durée
Golden Years Nursing Home, 704 Eagle Street North, Cambridge, ON N3H 4T3

Name of Inspector(s)/Nom de l'inspecteur(s)
Ruth Hildebrand (ID # 128)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to follow-up on the 17 outstanding findings of non-compliance identified during the Dietary Follow-up and Other inspections, conducted July 21, 2010. The findings of non-compliance were related to safety, assessments, care not provided as per plan of care, hydration, weight monitoring and residents not receiving beverages and snacks.

During the course of the inspection, the inspector spoke with members of the management team, including the Administrator, Director of Care, and Nutrition Manager; 3 residents who reside on North/Main; 6 Personal Support Workers (PSW) on these areas, 2 dietary aides; 3 Registered Nursing staff; the home's new Registered Dietitian, as well as the supporting Registered Dietitian and the nursing consultant. A review of resident records was completed and common areas on the main floor were inspected. Lunch was observed in the main dining room and afternoon snack was observed in the North and Main areas, on September 14, 2010. Nursing policy number 500-609 related to Prevention and Management of Constipation/Obstipation and policy number 800-11 related to Dietitian Referral were reviewed.

The following Inspection Protocol was used in part or in whole during this inspection:
Nutrition and Hydration

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

10 WN
3 VPC
7 CO: CO # 001, #002, #003,#004, #005, #006 and #007.

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'exigence prévue le paragraphe 1 de section 152 de la Loi de 2007 des foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* a été trouvé. (Une exigence dans la 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, c.8, s. 6(10)(b)
The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

A resident's goal weight is 41kg or within 5% of same. She weighs 37.8 kg. which is 7.8% below goal identified. Care plan has not been revised.

Additional Required Actions:

CO # 001 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O 2007, c.8, s 6(4)(a)
The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

Findings:

Nursing and dietary assessments are not integrated for a resident. Nursing staff have identified constipation is an ongoing problem for her but the last dietary assessment completed August 11, 2010 does not identify constipation as an issue.

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 that staff involved in different aspects of care of the resident collaborate with each other, in the assessment of the residents so that their assessments are integrated and are consistent and complement each other, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O 2007, c.8, s. 6(7)
The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

1. A resident was not provided any assistance with eating, for 46 minutes, throughout the course of the lunch meal, September 14, 2010. Resident's care plan states that resident is to be provided with extensive assistance during meals. Resident put main entrée in several napkins throughout meal and



- did not consume same. Food and fluid records indicate that resident consumed 100% of meal.
2. Plan of care for a resident indicates that staff are to encourage a minimum intake of 375-500ml fluid at lunch and 125-250-ml fluid at snacks. Resident received no encouragement for 49 minutes during the lunch meal, September 14, 2010. Resident consumed only 200ml fluid at lunch. Resident received no encouragement at p.m. snack, September 14, 2010 and snack and beverage were left at bedside.
 3. The care plan for a resident indicates that fluids intake is to be encouraged and resident is to receive extensive assistance during meal. This was not observed at the lunch meal and p.m. snack on September 14, 2010.

Additional Required Actions:

CO # 002 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #4: The Licensee has failed to comply with LTCHA, 2007, S.O 2007, c.8, s86(2)(b)
The infection prevention and control program must include,
(b) measures to prevent the transmission of infections

Findings:

1. One PSW, was observed providing snacks and beverages to residents in four (4) rooms and the front lounge without evidence of hand hygiene between touching privacy screens, wheelchairs, door knobs and coughing into hands at p.m. snack, September 14, 2010.
2. Six staff members were observed assisting residents in the main dining room, at the lunch meal, September 14, 2010 without evidence of hand hygiene, after touching unclean items.

Additional Required Actions:

CO # 003 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #5: The Licensee has failed to comply with O. Reg. 79/10, s. 51(1)2
The continence care and bowel management program must, at a minimum, provide for the following:
2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols.

Findings:

The nutrition manager confirmed that residents do not receive nutrition interventions to treat constipation.

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 that the bowel management program provides for treatments and interventions to prevent constipation, including nutrition and hydration protocols, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O. Reg. 79/10, s. 68(2)(a)
Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration.

Findings:

The Nutrition Manager and supporting registered dietitian confirmed that the home does not have a policy related to treatments and interventions to prevent constipation including nutrition and hydration protocols. The Nutrition Manager and Administrator confirmed that all policies related to nutrition care and dietary services and hydration have not been reviewed by the Registered Dietitian, who is a member of the staff of the home.

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 that programs include



the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration, to be implemented voluntarily.

WN #7: The Licensee has failed to comply O. Reg. 79/10, s. 71(3)(b)
The licensee shall ensure that each resident is offered a minimum of,
(b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner.

Findings:

A resident was not offered a beverage, at p.m. snack, on September 14, 2010.

Additional Required Actions:

CO # 004 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #8: The Licensee has failed to comply with O. Reg. 79/10, s. 71(3)(c)
The licensee shall ensure that each resident is offered a minimum of,
(c) a snack in the afternoon and evening.

Findings:

A resident was not offered a snack, at p.m. snack, on September 14, 2010.

Additional Required Actions:

CO # 005 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #9: The Licensee has failed to comply with O. Reg. 79/10, s. 73(1)10
Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

Findings:

Staff member was observed standing to provide a resident with a beverage, at p.m. snack, September 14, 2010.

Additional Required Actions:

CO # 006 will be served on the licensee. Refer to the "Orders of the Inspector" form.

WN #10: The Licensee has failed to comply with O. Reg. 79/10, s. 73(1)9
Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Findings:

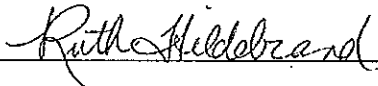
1. A resident was not provided encouragement to drink fluids at the lunch meal on September 14, 2010. Resident consumed 170mls of the 540mls offered.
2. A resident was not provided encouragement to drink fluids, for 49 minutes throughout the course of the lunch meal on September 14, 2010. Resident consumed 200mls of the 740mls offered.
3. A resident was not provided any assistance with eating, for 46 minutes, throughout the course of the lunch meal, September 14, 2010. Resident's care plan states that resident is to be provided with extensive assistance during meals. Resident put main entrée in several napkins throughout meal and did not consume same. Food and fluid records indicate that resident consumed 100% of meal.



Additional Required Actions:

CO # 007 will be served on the licensee. Refer to the "Orders of the Inspector" form.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
LTCHA, 2007, S.O 2007, c.8, s. 5	WN,VPC		2010_128_1033_20Jul154338 -A	128
O. Reg. 79/10, s73(1)(6)	WN,VPC		2010_128_1033_20Jul154338 -A	128
LTCHA, 2007, S.O 2007, c.8, s. 11(2)	WN,VPC		2010_128_1033_20Jul154338	135
LTCHA, 2007, S.O 2007, c.8, s. 11(2)	WN,VPC		2010_128_1033_20Jul154338	128
O. Reg. 79/10, s24(9)(a)	WN,VPC		2010_128_1033_20Jul154338	128
O. Reg. 79/10, s26(3)(14)	WN,VPC		2010_128_1033_20Jul154338	135
O. Reg. 79/10, s26(4)(a)	WN,VPC		2010_128_1033_20Jul154338	135
O. Reg. 79/10, s26(3)(13)	WN,VPC		2010_128_1033_20Jul154338	128
O. Reg. 79/10, s68(2)(d)	WN,VPC		2010_128_1033_20Jul154338	128
O. Reg. 79/10, s69(3)	WN,VPC		2010_128_1033_20Jul154338	128 & 135

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.
Title: _____ Date: _____	September 17, 2010 Date of Report: 



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

Name of Inspector:	Ruth Hildebrand	Inspector ID #	128
Inspection Report #:	2010_128_1033_14Sep101035		
Type of Inspection:	Dietary Follow-up to 2010_128_1033_20Jul154338		
Licensee:	Golden Years Nursing Homes (Cambridge) Inc. P.O. Box 3277 704 Eagle Street North, Cambridge, ON N3H 4T3		
LTC Home:	Golden Years Nursing Home 704 Eagle Street North, Cambridge, ON N3H 4T3		
Name of Administrator:	Nancy Kauffman-Lambert		

To Golden Years Nursing Homes (Cambridge) Inc., you are hereby required to comply with the following orders by the dates set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: LTCHA, 2007, S.O 2007, c.8, s. 6(10)(b) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary.			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O 2007, c.8, s. 6(10)(b). Submit the plan to LondonSAO.moh@ontario.ca.			
Grounds: ██████████ goal weight is 41kg or within 5% of same. She weighs 37.8 kg. which is 7.8% below goal identified. Care plan has not been revised.			
This order must be complied with by:		October 15, 2010	

Revised for Publication.



Order #:	002	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: LTCHA, 2007, S.O 2007, c.8, s. 6(7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O 2007, c.8, s. 6(7). Submit the plan to LondonSAO.moh@ontario.ca.			
Grounds:			
<ol style="list-style-type: none"> 1. Resident [REDACTED] was not provided any assistance with eating, for 46 minutes, throughout the course of the lunch meal, September 14, 2010. Resident's care plan states that resident is to be provided with extensive assistance during meals. Resident put main entrée in several napkins throughout meal and did not consume same. Food and fluid records indicate that resident consumed 100% of meal. 2. Plan of care for resident [REDACTED], indicates that staff are to encourage a minimum intake of 375-500ml fluid at lunch and 125-250-ml fluid at snacks. Resident received no encouragement for 49 minutes during the lunch meal, September 14, 2010. Resident consumed only 200ml fluid at lunch. Resident received no encouragement at p.m. snack, September 14, 2010 and snack and beverage were left at bedside. 3. The care plan for resident [REDACTED], indicates that fluids intake is to be encouraged and resident is to receive extensive assistance during meal. This was not observed at the lunch meal and p.m. snack on September 14, 2010. 			
This order must be complied with by:		October 8, 2010	

Order #:	003	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: LTCHA, 2007, S.O 2007, c.8, s86(2)(b) The infection prevention and control program must include, (b) measures to prevent the transmission of infections.			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with LTCHA, 2007, S.O 2007, c.8, s86(2)(b). Submit the plan to LondonSAO.moh@ontario.ca.			
Grounds:			
<ol style="list-style-type: none"> 1. One PSW, was observed providing snacks and beverages to residents in four (4) rooms and the front lounge without evidence of hand hygiene between touching privacy screens, wheelchairs, door knobs and coughing into hands at p.m. snack, September 14, 2010. 2. Six staff members were observed assisting residents in the main dining room, at the lunch meal, September 14, 2010 without evidence of hand hygiene, after touching unclean items. 			
This order must be complied with by:		October 15, 2010	



Ministry of Health and Long-Term Care
 Health System Accountability and Performance Division
 Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
 Division de la responsabilisation et de la performance du système de santé
 Direction de l'amélioration de la performance et de la conformité

Order #:	004	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: O. Reg. 79/10, s. 71(3) (b) The licensee shall ensure that each resident is offered a minimum of, (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner.			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 71(3) (b). Submit the plan to LondonSAO.moh@ontario.ca.			
Grounds: Resident, [REDACTED], was not offered a beverage, at p.m. snack, on September 14, 2010.			
This order must be complied with by:		October 8, 2010	

Order #:	005	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: O. Reg. 79/10, s. 71(3)(c) The licensee shall ensure that each resident is offered a minimum of, (c) a snack in the afternoon and evening			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 71(3)(c). Submit the plan to LondonSAO.moh@ontario.ca.			
Grounds: Resident, [REDACTED], was not offered a snack, at p.m. snack, on September 14, 2010.			
This order must be complied with by:		October 8, 2010	

Order #:	006	Order Type:	Compliance Order, Section 153 (1)(b)
Pursuant to: O. Reg. 79/10, s. 73(1)10 Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements: 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.			
Order: The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 73(1)10. Submit the plan to LondonSAO.moh@ontario.ca.			



Ministry of Health and Long-Term Care
 Health System Accountability and Performance Division
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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
 Direction de l'amélioration de la performance et de la conformité

Grounds: Staff member was observed standing to provide a resident with a beverage, at p.m. snack, September 14, 2010.
This order must be complied with by: October 8, 2010

Order #: 007	Order Type: Compliance Order, Section 153 (1)(b)
Pursuant to: O. Reg. 79/10, s. 73(1)9 Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements: 9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.	
Order: The licensee must prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 73(1)9. Submit the plan to LondonSAO.moh@ontario.ca.	

Grounds: <ol style="list-style-type: none"> 1. Resident, [REDACTED], was not provided encouragement to drink fluids at the lunch meal on September 14, 2010. Resident consumed 170mls of the 540mls offered. 2. Resident, [REDACTED], was not provided encouragement to drink fluids, for 49 minutes throughout the course of the lunch meal on September 14, 2010. Resident consumed 200mls of the 740mls offered. 3. Resident, [REDACTED], was not provided any assistance with eating, for 46 minutes, throughout the course of the lunch meal, September 14, 2010. Resident's care plan states that resident is to be provided with extensive assistance during meals. Resident put main entrée in several napkins throughout meal and did not consume same. Food and fluid records indicate that resident consumed 100% of meal.
This order must be complied with by: October 8, 2010

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.



Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 17th day of September, 2010.	
Signature of Inspector:	<i>Ruth Hildebrand</i>
Name of Inspector:	Ruth Hildebrand
Service Area Office:	London