



**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^{ième} 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

Telephone: 519-675-7680
Facsimile: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685



Licensee Copy/Copie du Titulaire



Public Copy/Copie Public

Dates of inspection/Date de l'inspection

October 14, 15 & 18, 2010

Inspection No/ d'inspection

2010-137-1033-14Oct105002
2010-155-1033-14Oct132634
2010-191-1033-13Oct135124

Type of Inspection/Genre d'inspection

L-01532
Follow Up

Licensee/Titulaire

Golden Years Nursing Homes (Cambridge) Inc., 704 Eagle Street N., 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 N., P.O.Box 3277, Cambridge, ON N3H 4T3

Name of Inspectors/Nom de l'inspecteurs

Sharon Perry - # 155

Kim White - # 191

Marian C. Mac Donald - # 137

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Follow Up inspection related to unmet standards issued prior to July 1, 2010.

During the course of the inspection, the inspectors spoke with: Administrator, DOC, ADOC, Nurse Consultant, registered staff, PSW's, Program Manager, family members and residents.

During the course of the inspection, the inspectors: conducted walkthroughs of the home, observed residents, reviewed residents' records, policies & procedures, Quality Management System and Interdisciplinary CQI.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy; Falls Prevention; Infection and Prevention; Minimizing of Restraining; Pain; Personal Support Services; Quality Improvement; Skin and Wound Care;



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

3 WN

3 VPC

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 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, c.8, s.31(2)(4)

The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied :

(4) A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.

Findings: For an identified resident:

1. The physician order is for a tray table.
2. There is no order for a front fastening seat belt.
3. It was observed that a front fastening seat belt was in place but no tray table.

Inspector ID #: 137, 155 and 191

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, related to restraint orders, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s.110(2)(1)

Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:

(1) That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class.

Findings: For an identified resident,

1. The physician order was for a tray table but there was no tray table in place.
2. There was no order for a front fastening seat belt but a front fastening seat belt was observed to be in place.

Inspector ID #: 137, 155 and 191

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, related requirements to restraining by a physical device, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O. Reg. 79/10, s.110(2)(4)
Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:
(4) That the resident is released from the physical device and repositioned at least every two hours.

Findings: For two identified residents,
1. Both residents were observed sitting in their wheelchairs in the main TV lounge from 9:15 – 11:45 AM on October 14, 2010.
2. It was observed that neither resident was repositioned during this time interval.

Inspector ID #: 137, 155 and 191

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, related to releasing from the physical device and repositioning, to be implemented voluntarily.

CORRECTED NON-COMPLIANCE Non-respects à Corrigé				
REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ ORDER #	INSPECTION REPORT #	INSPECTOR ID #
NHA Ch.N7 S2(2)(1), LTC Homes Program Manual, now found in LTCHA, 2007, S.O. 2007, s.3(1)(1) and s.3(1)(2)				137, 155 and 191
NHA R.R.O. Reg. 832 S.96(2), LTC Homes Program Manual, now found in LTCHA, 2007, S.O. 2007, c.8, s.24(1)(2)				137, 155 and 191
NHA Ch.N7 S.20.11, LTC Homes Program Manual, now found in O. Reg. 79/10, s.228 (1)(2)(3)(4)				137, 155 and 191
NHA Ch.N7 S.20.10(a,b,c), LTC Homes Program Manual, now found in O. Reg. 79/10, s.24(3)(a) and 24(9)(a)(b)(c)				137, 155 and 191

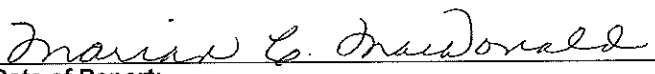
NHA R.R.O. Reg. 832 S.77.2, LTC Homes Program Manual, now found in O. Reg. 79/10, s.229(1), s.229(5)(a)(b), s.229(6), s.229(7) and s.229(8)(a)(b)				137, 155 and 191
NHA R.R.O. Reg. 832 S.126, LTC Homes Program Manual, now found in O. Reg. 79/10, s.24(9)(a)(b)(c)				137, 155 and 191
NHA R.R.O. 832 S.127, LTC Homes Program Manual, now found in O. Reg. 79/10, s.27(1)(a)(b)(c)				137, 155 and 191
NHA Ch.N7 S.2(2)(18), LTC Homes Program Manual, now found in O. Reg. 79/10, s.9(3) and s.91				137, 155 and 191
B1.14, LTC Homes Program Manual, now found in O. Reg. 79/10, s.48(1)(2) and s.50(2)(b)(iv)				137, 155 and 191
M2.2, LTC Homes Program Manual, now found in O. Reg. 79/10, s.228(2)				137, 155 and 191
M3.19, LTC Homes Program Manual, now found in O. Reg. 79/10 s. 229(1) and s.229(2)(a)(b)				137, 155 and 191



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Rapport
d'inspection prévue
le *Loi de 2007 les
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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:	Date of Report: October 20, 2010	