



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

**Rapport d'inspection  
prévues 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

Ottawa Service Area Office  
347 Preston St., 4<sup>th</sup> Floor  
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ème</sup> étage  
Ottawa ON K1S 3J4

**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: 613-569-5602  
Facsimile: 613-569-9670

Téléphone: 613-569-5602  
Télécopieur: 613-569-9670

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 22, 2010	2010_103_9531_22Sep112625	Other (Critical Incident) CIS#M531-000029-10 Log #O-000279

**Licensee/Titulaire**  
The Corporation of the County of Northumberland, 555 Courthouse Road, Cobourg, ON K9A 5J6 Fax #1-905-372-1696

**Long-Term Care Home/Foyer de soins de longue durée**  
Golden Plough Lodge, 983 Burnham St., Cobourg, ON, K9A 5J6 Fax# 905-372-8525

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Darlene Murphy (ID#103)

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a Critical incident inspection related to the injury of a resident during a transfer.

During the course of the inspection, the inspector spoke with 1 Registered Nurse, 1 Registered Practical Nurse and 1 Personal Support Worker.

During the course of the inspection, the inspector did a walkthrough of Symmons 2 unit and observed transferring techniques of staff and did a review of a resident health record.

The following Inspection Protocols was used during this inspection:  
Personal Support Services

- There are no findings of Non-Compliance as a result of this inspection.
- Findings of Non-Compliance were found during this inspection.



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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: (if different from date(s) of inspection).	

*Pauline Murphy*