

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: March 12, 2025

Inspection Number: 2025-1608-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: The Corporation of the County of Lambton

Long Term Care Home and City: Marshall Gowland Manor, Sarnia

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 3, 4, 5, 6, 7, 10, 11, and 12, 2025

The following intake(s) were inspected:

- Intake: #00141015 - Proactive Compliance Inspection (PCI)

The following **Inspection Protocols** were used during this inspection:

Medication Management
Food, Nutrition and Hydration
Safe and Secure Home
Quality Improvement
Pain Management
Skin and Wound Prevention and Management
Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Residents' and Family Councils
Infection Prevention and Control
Prevention of Abuse and Neglect

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Staffing, Training and Care Standards
Reporting and Complaints
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Air Temperatures

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the air temperature in the home was maintained at a minimum temperature of 22 degrees Celsius. A maintenance work order was received related to air temperature and on four dates, staff documented air temperatures less than 22.0 degrees Celsius in two resident rooms and in two common areas. Staff acknowledged in an interview that they were aware of the concern and that they had received a complaint from a resident about air temperatures.

Sources: Observations of all home areas; record reviews of air temperature documentation and Maintenance Work Order; interview with staff member.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(c) the implementation of interventions to mitigate and manage those risks;

The licensee has failed to ensure interventions that were put in place to manage two resident's nutritional risk were implemented when:

A) A resident was observed to be provided with a meal without their specific interventions in place as per their plan of care.

B) A resident was observed to not be provided their supplements as per their plan of care. Dietary Aide (DA) acknowledged the resident was not provided their supplement as per the resident's plan of care.

Sources: Inspector dining room observations, resident's clinical records, and interview with DA.

WRITTEN NOTIFICATION: Food production

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,

(f) communication to residents and staff of any menu substitutions; and

The licensee has failed to communicate with residents a menu substitution. Food Service Supervisor (FSS) acknowledged that this change should have been updated on the posted menu.

Sources: Inspector dining room observations, interview with FSS.

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WRITTEN NOTIFICATION: Dining and snack service

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) 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:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure that a meal's cold food choices were served at a temperature that was considered safe to the residents.

Sources: Inspector dining room observation, Temperature Logs, Interview with the Food Service Supervisor.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with. In accordance with Additional Requirement 9.1 (b) under the IPAC Standard for

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Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that a staff member performed hand hygiene before initial resident contact.

Sources: Dining room observations, interview with IPAC Lead.