

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: January 30, 2026

Inspection Number: 2026-1608-0001

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: January 26-30, 2026.

The following intake was inspected:

- Intake #00168511 - Proactive Compliance Inspection (PCI).

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

Food, Nutrition and Hydration
Infection Prevention and Control
Staffing, Training and Care Standards

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 281 (1) 1.

Records, where kept

s. 281 (1) Every licensee of a long-term care home shall ensure that the following

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records are kept at the home:

1. The records of current staff members.

During the course of the inspection inspectors requested staff records related to police record checks and training from the home, at which time these records were not kept in the home and made available. These records were provided and available in the home the following day.

Sources: employment records for six staff members; and a staff interview.

Date Remedy Implemented: January 28, 2026

WRITTEN NOTIFICATION: Training

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

Non-compliance with: FLTCA, 2021, s. 82 (4)

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

A) In the year prior to the inspection, a Registered Practical Nurse (RPN) did not complete the required annual retraining related to safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids.

B) In the year prior to the inspection, a Personal Support Worker (PSW) did not complete the required annual retraining related to:

- falls prevention and management;
- skin and wound care;
- continence care and bowel management;
- the Residents' Bill of Rights;
- the duty under section 28 to make mandatory reports;
- the protections afforded by section 30; and
- the safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids.

It was an expectation of the home that staff were to complete retraining annually on falls

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prevention and management, skin and wound care, continence care and bowel management, the Residents' Bill of Rights, the duty under section 28 to make mandatory reports, the protections afforded by section 30 and the safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids.

Sources: employment records for the RPN and PSW; and staff interviews.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

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

Nutritional care and hydration programs

s. 74 (2) 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 nutritional care and dietary services and hydration;

The home's food safety policy related to their dietary services program directed staff to record temperatures of cold food at point of service and ensure cold food items were served at a maximum of five degrees Celsius.

Temperatures were not recorded for the alternate choice cold menu items at point of service in one of the home area serveries at a meal that was observed during the course of the inspection.

The home did not implement their food safety policy when temperatures of cold food items were not recorded at this meal.

Sources: the home's food safety policy; observations of the home's food production and serveries areas; review of food temperature audits; and staff interviews.

WRITTEN NOTIFICATION: Hiring staff, accepting volunteers

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

Non-compliance with: O. Reg. 246/22, s. 252 (2) (b)

Hiring staff, accepting volunteers

s. 252 (2) The police record check must be,

(b) conducted within six months before the staff member is hired or the volunteer is accepted by the licensee.

When a PSW was hired, the home was provided a police record check dated 15 months prior to their hire date. The home did not receive an updated police record check from the PSW that had been completed within six months prior to being hired by the home.

Sources: the PSW's employee file; and a staff interview.