

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

**Public Report**

**Report Issue Date:** January 14, 2025

**Inspection Number:** 2025-1553-0001

**Inspection Type:**

Critical Incident  
Follow up

**Licensee:** The Corporation of the County of Northumberland

**Long Term Care Home and City:** Golden Plough Lodge, Cobourg

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s):  
January 6 - 10, and 13 - 14, 2025.

The following intake(s) were inspected:

- Follow-up #2 – Compliance order (CO) #002 from inspection #2024-1553-0003, regarding FLTCA, 2021, s. 82 (2) Training, with a compliance due date (CDD) of July 30, 2024, RIF \$500.
- Follow-up #1 – CO #003 from inspection #2024-1553-0004, regarding FLTCA, 2021, s. 82 (2) 10. Training, with a CDD of December 20, 2024.
- Follow-up #1 – CO #001 from inspection #2024-1553-0004, regarding FLTCA, 2021, s. 34 (1) 5. Protection from certain restraining, with a CDD of November 1, 2024.
- Follow-up #1 – CO(HP) #002 from inspection #2024-1553-0004, regarding O. Reg. 246/22 - s. 23 (2) (c), Cooling requirements, with a CDD of November 29, 2024.
- Two intakes regarding allegations of emotional abuse of residents by staff.
- An intake regarding an allegation of improper care of a resident.
- An intake regarding an allegation of neglect of a resident by staff.
- An intake regarding an allegation of abuse of a resident by staff.

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## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

- Order #002 from Inspection #2024-1553-0003 related to FLTCA, 2021, s. 82 (2)
- Order #003 from Inspection #2024-1553-0004 related to FLTCA, 2021, s. 82 (2) 10.
- Order #001 from Inspection #2024-1553-0004 related to FLTCA, 2021, s. 34 (1) 5.
- Order #002 from Inspection #2024-1553-0004 related to O. Reg. 246/22, s. 23 (2) (c)

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

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Restraints/Personal Assistance Services Devices (PASD) Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Documentation

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

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure the provision of the care set out in the plan of care

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was documented on several days.

Point of care (POC) documentation indicated no documentation was entered for the required two-hourly (Q2hrs) turning and repositioning of a resident on different shifts for over a week.

Staff indicated the resident should have been turned Q2hrs, and it should have been documented in the POC system.

**Sources:** Interview with staff, resident's clinical records.

## **WRITTEN NOTIFICATION: Policy to promote zero tolerance**

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

**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee failed to ensure compliance with their written policy to promote zero tolerance of abuse and neglect of residents.

Section 2. (1) (a) of the Ontario Regulation 246/22 defines "physical abuse" as the use of physical force by anyone other than a resident that causes physical injury or pain.

A critical incident report was submitted to the Director, alleging that a staff member was rough when providing care for a resident. The Administrator confirmed that

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following their internal investigation, the allegation was substantiated.

**Sources:** Interview with staff, LTC home's internal investigation documents, resident's clinical records, LTC home's policy.

## WRITTEN NOTIFICATION: Reporting certain matters to Director

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

**Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

1. The licensee failed to ensure that an allegation of staff to resident abuse was reported to the Director immediately.

A CI report was received by the Director indicating an allegation of staff to resident abuse. The home's investigation notes indicated that an allegation of staff to resident emotional abuse was overheard by a staff member, who did not report the incident to management immediately. The incident was reported to the Director the following day.

The home's Assistant Director of Care (ADOC) confirmed that the allegation of abuse toward the resident should have been reported immediately to the Director.

**Sources:** CI report, the home's investigation notes and interview with the home's ADOC.

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2. The licensee failed to ensure that an allegation of neglect by staff was immediately reported to the Director. A resident voiced concerns to a former staff member and alleged neglect by staff. After completing an internal audit, it was discovered that a CI report had not been submitted. The CI report was then submitted at a later date.

**Sources:** CI report; communication with staff.

3. The licensee failed to ensure that an allegation of abuse by staff was immediately reported to the Director. A resident voiced an allegation of abuse by staff to a former staff member. After completing an internal audit, it was discovered that a CI report had not been submitted. The CI report was then submitted at a later date.

**Sources:** CI report; communication with staff.

## **WRITTEN NOTIFICATION: Communication and response system**

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

**Non-compliance with: O. Reg. 246/22, s. 20 (a)**

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The licensee failed to ensure that the resident-staff communication and response system was easily accessible for a resident. A resident was unable to reach their call bell when they needed assistance.

**Sources:** CI report, interview with staff.

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## WRITTEN NOTIFICATION: Skin and wound care

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

**Non-compliance with: O. Reg. 246/22, s. 55 (1) 3.**

Skin and wound care

s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:

3. Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.

The licensee has failed to ensure the strategies to transfer and position a resident to reduce and prevent skin breakdown were implemented when the documentation of the care was not completed as per the home's policy.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure compliance with written policies developed for turning and repositioning.

Specifically, the home's Documentation- Electronic Resident Record, indicated Personal Support Workers (PSWs) are to "Document on Point of Care (POC) all pertinent resident care delivery information prior to the end of their shift on the residents individual record."

POC records indicated multiple staff completing documentation of care for the entire shift at the beginning of the shift before the care had occurred.

Staff confirmed the expectation is to document tasks as they complete them or at the end of the shift; not at the beginning of the shift prior to completing the care.

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**Sources:** Interview with staff, resident's clinical records, LTC home's policy.

## WRITTEN NOTIFICATION: Skin and wound care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that registered nursing staff used a clinically appropriate assessment instrument specifically designed for skin and wound assessments when assessing a resident.

The resident was identified with altered skin integrity. Documentation indicated that the weekly skin and wound assessments were completed. However, the assessment tool used did not provide a detailed description of the wound or vital information about its progression.

**Sources:** Interviews with staff, resident's clinical records.

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**NOTICE OF RE-INSPECTION FEE**

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007:

Follow-up #2 – Compliance order (CO) #002 from inspection #2024-1553-0003, regarding FLTCA, 2021, s. 82 (2) Training, with a compliance due date (CDD) of July 30, 2024.

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry (i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)). By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.