Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Central East District
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Oshawa, ON, L1H 1A1
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Original Public Report

Report Issue Date: June 22, 2023

Inspection Number: 2023-1553-0003

Inspection Type:
Follow up
Critical Incident System

Licensee: The Corporation of the County of Northumberland

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

Lead Inspector	**Inspector Digital Signature**
Basel Mansour (741724)	Basel S Mansour Digitally signed by Basel S Mansour Date: 2023.06.27 09:15:18 -04'00'

Additional Inspector(s)
Catherine Ochnik (704957)

INSPECTION SUMMARY

Inspection Summary
The inspection occurred onsite on the following date(s): May 15-18, and 23-25, 2023

The following intake(s) were inspected:

- Intake: #00019573 - Follow-up #: 1 - CO #001 / 2022-1553-0002, O. Reg. 246/22 s. 102 (2) (b), Infection Prevention and Control (IPAC) standard 9.1 (e) and standard 10.1, CDD April 24, 2023.
- Intake: #00019877 - Related to resident to resident responsive behaviours incident.
- Intake: #00021545 - Related to resident to resident abuse incident.
- Intake: #00021564 - Related to resident neglect incident.
- Intake: #00021710 - Related to improper care incident.
- Intake: #00086977 - Follow-up #2 - CO #004 / 2022-1553-0001, O. Reg 246/22 s. 102 (2) (b) IPAC standard 9.1 (e), CDD August 31, 2022, RIF $500
- Intake: #00086976 - Follow-up #2 - CO #005 / 2022-1553-0001, O. Reg 246/22 s. 102 (2) (b) IPAC standard 9.1 (f), CDD August 31, 2022, RIF $500

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2022-1553-0002 related to O. Reg. 246/22, s. 102 (2) (b) IPAC standard 9.1 (e) and standard 10.1, inspected by Basel Mansour (741724)

Order #004 from Inspection #2022-1553-0001 related to O. Reg. 246/22, s. 102 (2) (b) IPAC standard 9.1 (e) inspected by Basel Mansour (741724)

Order #005 from Inspection #2022-1553-0001 related to O. Reg. 246/22, s. 102 (2) (b) IPAC standard 9.1 (f) inspected by Basel Mansour (741724)

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: REPORTING CERTAIN MATTERS TO DIRECTOR

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee failed to ensure that the Director was informed immediately once becoming aware of an allegation of neglect by staff towards resident #006.

Rationale and Summary
A Critical Incident System (CIS) report was submitted to the Director for an allegation of neglect which was received as a written complaint related to resident #006.

A review of the CIS report, investigation notes, and resident #006's progress notes indicated that the incident of alleged neglect occurred and was reported to the Director of Care in an email from the resident's family member. The allegation of neglect was not reported to the Director until several days after.

The Assistant Director of Care (ADOC) #100 confirmed that they did not immediately report the allegation of neglect to the Director.

When the licensee failed to immediately report the allegation of neglect to the Director the homes was not transparent.

Sources: CIS, investigation notes, progress notes, and interviews with ADOC #100.
[741724]

WRITTEN NOTIFICATION: CONDITIONS OF LICENCE

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 104 (4)

The licensee failed to comply with conditions # 4, 8, and 9 of Compliance Order (CO) #001 from inspection # 2022-1553-0002, served on January 27, 2023, and amended on February 3, 2023, with a compliance due date of April 24, 2023.

Specifically:
4. Over a two-month period on a weekly basis the Infection Prevention and Control (IPAC) Lead will collect the unit nurse manager signage audits and will analyze the audits for trends and gaps. Based on this analysis the IPAC Lead will document and implement corrective action to prevent reoccurrence when signs were not posted or removed for additional precautions
8. Develop an audit method, to track alcohol-based hand rub (ABHR) expiry dates and initiate a process that ensures all ABHR are removed when they have expired.
9. Complete monthly audits and keep a documented record to check ABHR for expiration. Review and analyze monthly audits for trends to ensure hand sanitizers are removed upon expiry for two months.

Rationale and Summary
At the time of the inspection, after reviewing the evidence provided by the home it was determined that for items #4, #8 and #9 of the Compliance Order there was insufficient evidence to determine

compliance.

Item #4 of the CO required the home to collect the unit nurse manager signage audits and analyze the audits for trends and gaps. Based on this analysis the IPAC Lead was to document and implement corrective action to prevent reoccurrence when signs were not posted or removed for additional precautions. This was to be completed over a two-month period. The home provided documentation that the IPAC Lead analyzed the signage audits conducted by unit nurse managers for trends and gaps, for a period of 5 weeks .

The IPAC Lead #101 indicated that the signage audits conducted by unit nurse managers were not analyzed for trends and gaps for two months.

Item #8 of the CO required the home to develop an audit method, to track alcohol-based hand rub (ABHR) expiry dates and initiate a process that ensures all ABHR are removed when they have expired. The home did not provide a developed audit method to track ABHR expiry dates and a process that ensured all ABHR were removed when they had expired.

The Maintenance Supervisor #102, the home's designated ABHR Lead, confirmed that the audit method to track ABHR expiry dates was not developed, and a process that ensured all ABHR were removed when they had expired was not initiated.

Item #9 of the CO required the home to complete monthly audits and keep a documented record to check ABHR for expiration. Review and analyze monthly audits for trends to ensure hand sanitizers are removed upon expiry for two months. The home provided documentation of a one-month audit for the expiry of ABHR products. The home did not review and analyze audits for trends to ensure ABHR products were removed upon expiry.

The Maintenance Supervisor #102 confirmed they didn’t review and analyze monthly audits for trends to ensure hand sanitizers were removed upon expiry for two months as was required.

Failing to analyze the additional precaution signage audits for trends and gaps, develop an audit method to track ABHR expiry dates and initiate a process that ensures all ABHR are removed when they have expired, and review and analyze monthly audits for trends to ensure hand sanitizers are removed upon expiry for two months, as required, increases the risk for the spread of infection in the home.

Sources: CO #001 from inspection # 2022-1553-0002, IPAC audits provided by the home, line lists, ABHR audits, and interviews with the IPAC lead and the Maintenance Supervisor.
[741724]

This Written Notification is being referred to the Director for further action by the Director.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
No history

This is the first time the licensee has failed to comply with this requirement.
Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP 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 AMP.

WRITTEN NOTIFICATION: CONDITIONS OF LICENCE

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 104 (4)

The licensee failed to comply with CO #005 from inspection # 2022_1553_0001 served on June 27, 2022, with a compliance due date of August 30, 2022.

Specifically:
The IPAC Lead shall conduct daily IPAC audits for two weeks, in an area with a COVID-19 outbreak or in at least two resident rooms that are on droplet and contact precautions, to ensure staff are using the appropriate PPE and completing donning/doffing of PPE, as required. Provide on-the-spot reinstruction

to those staff not complying with correct PPE procedures. Keep a documented record of audits completed and those staff who were provided on-the-spot training, upon request by the Inspector.

Rationale and Summary
The home experienced a COVID-19 outbreak and a respiratory outbreak. Both outbreaks occurred after the home was served with the order and prior to this inspection.

At the time of the inspection, the home failed to provide any audits conducted during the COVID-19 or respiratory outbreaks. The home provided documentation of daily IPAC audits conducted for resident #004 for four days, and resident #005 for 10 days when the residents were placed on droplet and contact precautions.

The IPAC Lead confirmed that daily audits were not conducted in an area with a COVID-19 outbreak or in at least two resident rooms on droplet and contact precautions for a two-week period, which was a requirement of the compliance order.

Failure to complete accurate audits for PPE donning and doffing, as required during an outbreak or in at least two resident rooms that were on droplet and contact precautions, increases the risk for the spread of infection in the home.

Sources: CO #005 from inspection # 2022_1553_0001, IPAC audits provided by the home, line lists, CIS Reports, and interviews with IPAC Lead and ADOC #100.
[741724]

This Written Notification is being referred to the Director for further action by the Director.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #002
Related to Written Notification NC #003

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $2200.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6), (7), and (8) (a) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
WN+AMP FLTCA s. 104 (4) issued on Jan 27, 2023 during inspection # 2022-1553-0002

This is the second time the licensee has failed to comply with this requirement.
Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP 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 AMP.

WRITTEN NOTIFICATION: CONDITIONS OF LICENCE

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 104 (4)

The licensee failed to comply with CO #004 from inspection # 2022_1553_0001 served on June 27, 2022, with a compliance due date of August 30, 2022.

Specifically:
The IPAC Lead shall conduct daily IPAC audits for two weeks, in an area in COVID-19 outbreak or in at least two resident rooms that are on droplet and contact precautions, to ensure staff are posting and/or removing the isolation signage as required. Provide on the spot reinstruction to those staff not complying with correct isolation signage procedures. Keep a documented record of audits completed and those staff who were provided on the spot training, upon request by the Inspector.

Rationale and Summary
The home experienced a COVID-19 outbreak and a respiratory outbreak. Both outbreaks occurred after the home was served with the order and prior to this inspection.

At the time of the inspection, the home failed to provide any audits conducted during the COVID-19 or respiratory outbreaks. The home provided documentation of daily IPAC audits conducted for resident #004 for four days, and resident #005 for 10 days when the residents were placed on droplet and contact precautions.

The IPAC Lead confirmed that daily audits were not conducted in an area with a COVID-19 outbreak or in at least two resident rooms on droplet and contact precautions for a two-week period, which was a

requirement of the compliance order.

Failing to complete audits, as required, to ensure signage is posted correctly increases the risk for the spread of infection in the home and when signs are not removed when the isolation period has ended this may affect the emotional wellbeing of the residents.

Sources: CO #004 from inspection # 2022_1553_0001, IPAC audits provided by the home, line lists, CIS Reports, and interviews with IPAC Lead and ADOC #100.
[741724]

This Written Notification is being referred to the Director for further action by the Director.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #003

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #003
Related to Written Notification NC #004

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $2200.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6), (7), and (8) (a) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
WN+AMP FLTCA s. 104 (4) issued on Jan 27, 2023 during inspection # 2022-1553-0002

This is the second time the licensee has failed to comply with this requirement.
Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP 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 AMP.

WRITTEN NOTIFICATION: DEALING WITH COMPLAINTS

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

The licensee failed to ensure that the home's response was provided to the complainant, including the Ministry's toll-free telephone number for making complaints about homes and their hours of service and contact information for the patient ombudsman.

Rationale and Summary
A Critical Incident System (CIS) report was submitted to the Director for an allegation of neglect which was received as a written complaint related to resident #006.

A review of the Director of Care's (DOC) and ADOC #100's written responses to the complainant indicated that the responses did not include the contact information for the patient's ombudsman. Additionally, the DOC's response didn't include the Ministry's toll-free telephone number for making complaints about homes and their hours of service.

The ADOC #100 confirmed that the DOC's and ADOC's written responses to the complainant did not include the Ministry's toll-free telephone number and the contact information for the patient's ombudsman.

When the contact information for the Ministry's toll-free telephone number for making complaints about homes and their hours of service and contact information for the patient ombudsman was not included in the home's responses to the complainant, the complainant was not made aware of alternative options for submitting concerns when issues were not resolved at the home.

Sources: CIS, DOC email sent to the complainant, ADOC email sent to the complainant, and interviews with ADOC #100.
[741724]

WRITTEN NOTIFICATION: LICENSEES WHO REPORT INVESTIGATIONS UNDER s. 27 (2) OF ACT

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 112 (1) 2. ii.

The licensee failed to ensure, that when making a report to the Director with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff, a description of the individuals involved in the incident, including, names of any staff members

or other persons who were present at or discovered the incident are included.

Rationale and Summary
A Critical Incident System (CIS) report was submitted to the Director for an allegation of neglect which was received as a written complaint related to resident #006.

A review of the CIS report indicated that the home did not include the names of staff members who were present or involved in the incident.

The ADOC #100 confirmed that the home did not include the names of staff members who were present or involved in the incident when completing the CIS report.

When the licensee failed to include the names of staff members who were present and involved in the incident, there was no transparency in the reporting.

Sources: CIS, and interviews with ADOC #100.
[741724]

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.
A second FUI is conducted through this inspection to determine compliance with a CO.

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.