

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: February 20, 2026
Inspection Number: 2026-1553-0001
Inspection Type: Complaint Critical Incident
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): February 9-13, and 17-20, 2026

The following intakes were completed in this complaint inspection:

- one intake related to alleged improper care of resident
- one intake related to resident-staff communication and response system.

The following intakes were completed in this Critical Incident (CI) inspection:

- one intake related to resident-staff communication and response system.
- one intake related to falls prevention and management.
- one intake related to continence care.
- one intake related to alleged staff to resident neglect.
- two intakes related to alleged staff to resident abuse.
- one intake related to resident-to-resident abuse.

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

- Resident Care and Support Services
- Continence Care
- Food, Nutrition and Hydration
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 2.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

2. Every resident has the right to have their lifestyle and choices respected.

A resident became upset after they were provided care that was not of their choosing by a Personal Support Worker (PSW).

Sources: a Critical Incident (CI), a resident's clinical health records, the licensee investigation file and an interview staff.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The care set out in the plan of care for a resident was not provided to the resident as specified in the plan, specific in the plan related to falls prevention.

Sources: a CI, a resident's clinical health records, and an interview with staff.

WRITTEN NOTIFICATION: Documentation

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

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

Plan of care

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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.

Provision of a resident's oral care was not consistently documented as per their plan of care for an approximate five month period.

Sources: a resident's clinical health records and an interview with staff.

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

A resident was emotionally abused by a PSW during the provision of care.

Sources: a CI, a resident's clinical health records, the licensee's investigation file, and an interview with staff.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #005 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's prevention of abuse and neglect policy directs that anyone aware or involved in an allegation of abuse or neglect are to write, sign and date a statement accurately describing the event. An allegation of improper care of a resident by a PSW was reported. Written statements were not obtained.

Sources: a CI, and the licensee's investigation file.

WRITTEN NOTIFICATION: Communication and response system

NC #006 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;

Specifically, a tub room had a shower area with a ceiling mounted resident-staff communication and response system activation point with no extension cord attached and was out of reach by staff.

Sources: an inspector's observation and an interview with two staff.

WRITTEN NOTIFICATION: Communication and response system

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

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,

(b) is on at all times;

Specifically, the resident-staff communication and response system (RSCRS) was dysfunctional on two specified dates. Repairs were completed at a later date.

Sources: a CI, and interviews with two staff.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

Continence care and bowel management

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s. 56 (2) Every licensee of a long-term care home shall ensure that,
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

Six resident's were found to not have sufficient changes to remain clean, dry and comfortable on a specified date.

Sources: a CI, clinical health records of six residents, the licensee's investigation files and an interview with staff.

WRITTEN NOTIFICATION: Behaviours and altercations

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 60 (a)

Behaviours and altercations

s. 60. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

Two residents were at risk of harmful interactions on a specified date. Staff were instructed to keep the residents separated. The residents became involved in a physical altercation resulting in injury to one resident when staff were not present.

Sources: a CI, two residents' clinical health records, the licensee's investigation files, and an interview with staff.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Nutritional care and hydration programs

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

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(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

Staff did not follow the licensee's nutrition and hydration policy when a resident's fluid intake was low on several occasions over an approximate five month period. The required assessments were not completed consistently during this period.

Sources: a resident's clinical health records, the licensee's policy, and interviews with two staff.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (3) 2. ii.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,
 - ii. a breakdown of major equipment or a system in the home,

Specifically, the Director was not informed of the breakdown of the resident staff communication and response system (RSCRS) in the home no later than one business day after the failure of the system. The RSCRS was not working properly for several days. The Director was informed approximately 11 days later.

Sources: a CI, and an interview with staff.

WRITTEN NOTIFICATION: Emergency plans

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. ix.

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,
 - ix. loss of one or more essential services,

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Specifically, the home experienced a breakdown of the resident staff communication and response system on two specific dates. The home's emergency plan did not include written policies and or procedures for staff to follow regarding the failure or loss of the resident staff communication and response system as an essential service at the home.

Sources: the licensee's emergency plans manual, and interviews with staff.



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

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