



**Inspection Report
under the Long-Term
Care Homes Act, 2007**

**Rapport d'inspection
prévue le Loi de 2007
les foyers de soins de
longue durée**

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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|--|---|---|
| Date(s) of inspection/Date de l'inspection November 15, 2010 | Inspection No/ d'inspection 2010_143_9531_15Nov105302 | Type of Inspection/Genre d'inspection Other (Critical Incident) CIS # M531-000033-10 Log #O-0001243 |
| Licensee/Titulaire The Corporation of the County of Northumberland, 555 Courthouse Road, Cobourg, ON K9A 5J6 Fax #1-905-372-1696 | | |
| Long-Term Care Home/Foyer de soins de longue durée Golden Plough Lodge, 983 Burnham St., Cobourg, ON, K9A 5J6 Fax# 905-372-8525 | | |
| Name of Inspector(s)/Nom de l'inspecteur(s) Paul Miller ID # 143 | | |

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct an inspection related to medication and hospitalization.

During the course of the inspection, the inspector spoke with: The Director of Nursing, Charge RN, staff RN and the Medical Advisor.

During the course of the inspection, the inspector reviewed a resident's clinical health record, urine lab results, medication records and hospital transfer protocols.

The following Inspection Protocols were used in part or in whole during this inspection:
Hospitalization and Death Inspection Protocol.

There are no findings of Non-Compliance as a result of this inspection.

Findings of Non-Compliance were found during this inspection. The following action was taken:



NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

Findings:

Inspector ID #:

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Title:

Date:

Date of Report: (if different from date(s) of inspection).