



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 26, 2016	2016_397607_0018	019812-16	Complaint

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF NORTHUMBERLAND
983 Burnham Street COBOURG ON K9A 5J6

Long-Term Care Home/Foyer de soins de longue durée

GOLDEN PLOUGH LODGE
983 BURNHAM STREET COBOURG ON K9A 5J6

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JULIET MANDERSON-GRAY (607)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): July 13, 14, 15, 19, & 20, 2016.

During this Complaint Inspection, the following intake was reviewed and inspected upon # 019812-16.

Summary of the Intake:

1) # 019812-16 - Complaint, regarding a Fall, Continence Care Management and Plan of Care

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Assistant Director Care, Assistant Director of Care Clinical, Registered Nurses (RN), Registered Practical Nurses, (RPN), Personal Support Workers (PSW), Physiotherapist (PT), and a Substitute Decision Maker (SDM)

During the course of the inspection the inspector reviewed clinical health records, observed staff to resident interactions, reviewed home specific policies related to falls, reporting of complaints and continence and bowel management.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Hospitalization and Change in Condition
Personal Support Services
Reporting and Complaints**

During the course of this inspection, Non-Compliances were issued.

**1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

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).

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

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee failed to ensure the Home's falls management policy was complied with.

Under O. Reg. 79/10, s.48(1)1 every licensee of a long-term care home shall ensure that the following interdisciplinary program is developed and implemented in the home: a falls prevention and management program to reduce the incidence of falls and the risk of injury.

A review of the home's Falls Management policy dated July 2012 (page 2 of 5) directs:

Procedure:

2. Any resident identified at risk to fall will be referred to a Physiotherapist for further assessment and possible placement in the Falls Management Program.

A review of the clinical health records for resident #007 revealed the resident had multiple falls in three identified years, the resident was discharged from the home on an identified date. A review the resident's comprehensive fall assessment records for the period of two years indicated that the resident was at moderate risk for falls and in the recent year was assessed as being high risk for falls. The resident had a fall that resulted in an injury on an identified date. A review of resident #007's clinical health records could not locate that a referral was sent to the Physiotherapist related to the resident's falls.

An interview with the Physiotherapist (PT) revealed that he/she had been working at the home since an identified date and did not receive a referral related to the resident's falls.

Interview with ADOC #107 confirmed that a referral was not sent to the PT relating resident's #007's falls and the resident was at risk for falls.

Therefore the licensee has failed to ensure that its Falls Management policy is complied with specifically related to resident #007 not being referred to a Physiotherapist for further assessment. [s. 8. (1) (a),s. 8. (1) (b)]



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Issued on this 26th day of July, 2016

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.