



**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

Ottawa Service Area Office
347 Preston St., 4th Floor
Ottawa ON K1S 3J4

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4

**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
conformité

Telephone: 613-569-5602
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		Licensee Copy/Copie du Titulaire	X Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection January 26, 27, 28, 2011	Inspection No/ d'inspection 2011_102_9531_26Jan103159	Type of Inspection/Genre d'inspection Critical Incident Log # O-000117	
Licensee/Titulaire The Corporation of the County of Northumberland 983 Burnham Street Cobourg, Ontario K9A 5J6 Fax # 905 372 8525			
Long-Term Care Home/Foyer de soins de longue durée Golden Plough Lodge 983 Burnham Street Cobourg, Ontario K9A 5J6 Fax # 905 372 8525			
Name of Inspector(s)/Nom de l'inspecteur(s) Wendy Berry (102)			
Inspection Summary/Sommaire d'inspection			
<p>The purpose of this inspection was to conduct a critical incident inspection related to an elopement.</p> <p>During the course of the inspection, the inspector spoke with: the Administrator, Director of Care, Assistant Director of Care, several registered and non registered nursing staff, the Building Services Manager, maintenance staff, a housekeeper, several residents and several visitors.</p> <p>During the course of the inspection, the inspector: toured the main floor and lower level; checked door security systems on some of the doors to stairways and the outside; reviewed one resident's plan of care, reviewed floor plans of the building; reviewed December 2010 Resident Council meeting minutes and November 2010 Family Council meeting minutes.</p> <p>The following Inspection Protocol was used during this inspection: safe and secure home.</p> <p>Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>2 WN 1 VPC 3 CO: CO # 001, 002, 003</p>			



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.

WN #1: The Licensee has failed to comply with O. Reg. 79/10, s. 9. Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home must be,
 - i. kept closed and locked,
 - ii. equipped with a door access control system that is kept on at all times, and
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and
 - A. is connected to the resident-staff communication and response system, or
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

Findings:

1. 3 doors leading to the outside of the home were not kept both closed and locked. The doors were not under direct supervision by staff and the doors are all accessible to residents:
 - On January 26 and January 27, 2011 the lower level door leading from the service corridor into the garbage room was not locked and was partially open. The doors leading out of the garbage room to the exterior of the home were not locked and were partially open.
 - On January 26, 2011 the exit door from the lower level service wing to the north parking lot was not locked and was propped open with a shovel.
 - On January 26, 2011 the lower level door from the service corridor into the receiving area was held in an open position by a magnetic lock. The door leading from the receiving area to the exterior of the north side of the building was not locked.
 - On January 27, 2011 the lower level door from the service corridor into the receiving area was closed but not locked. The door leading from the receiving area to the exterior of the north side of the building was wide open and not locked.
2. The main entrance door facing Burnham Street and the other main entrance door in the vicinity of the reception desk are each equipped with a door access control system; however, the door alarm component is not kept on at all times. On January 26, 27 and 28, 2011 the alarm reset switch at each door remained in the bypass position.
3. 2 doors leading to the outside are not equipped with a door access control system:
 - one door leads from a lower level corridor into the courtyard;
 - one door leads from a craft room into the courtyard.



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4. 5 doors leading to stairways and to the outside of the home are not equipped with an audible door alarm that allows calls only to be cancelled at the point of activation and that is connected to the resident-staff communication and response system or that is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door:
- door leading from lower level corridor to stairway that leads to exit door #9;
 - door leading from corridor into a stairway in the vicinity of room S142;
 - door leading from the corridor into a stairway in the vicinity of room S 152;
 - door leading from a corridor into the lower level outside courtyard;
 - door leading from a craft room into the lower level outside courtyard.

Inspector ID #: 102

Additional Required Actions:

CO # - 001 was served on the licensee. Refer to the "Order(s) of the Inspector" form.
002 and 003 will be served on the licensee. Refer to the "Order(s) of the Inspector form."

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s. 9. 2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

Findings:

Doors leading from the corridor, in the vicinity of exit door #10, into the non residential service areas on the lower level of the long-term care home are not equipped with locks to restrict unsupervised access to those areas by residents.

A resident home area is located on the lower level and a craft room is located in close proximity to the non residential service area wing.

Inspector ID #: 102

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the doors leading to non residential areas within the home are equipped with locks to restrict access to those areas by residents, to be implemented voluntarily.

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).

February 23, 2011



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 Direction de l'amélioration de la performance et de la conformité

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Wendy Berry	Inspector ID # 102
Log #:	O-000117	
Inspection Report #:	2011_102_9531_26Jan103159	
Type of Inspection:	Critical Incident	
Date of Inspection:	January 26, 27, 28, 2011	
Licensee:	The Corporation of the County of Northumberland 983 Burnham Street Cobourg, Ontario K9A 5J6 Fax # 905 372 8525	
LTC Home:	Golden Plough Lodge 983 Burnham Street Cobourg, Ontario K9A 5J6 Fax # 905 372 8525	
Name of Administrator:	Clare Briggs	

To The Corporation of the County of Northumberland, you are hereby required to comply with the following order by the date set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg. 79/10, s. 9. Every licensee of a long-term care home shall ensure that the following rules are complied with: 1. All doors leading to stairways and the outside of the home must be, i. kept closed and locked			
Order: All doors leading to stairways and the outside of the home are to be kept closed and locked.			
Grounds: 3 doors leading to the outside of the home were not kept both closed and locked. The doors were not under direct supervision by staff and the doors are all accessible to residents: 1. On January 26 and January 27, 2011 the lower level door leading from the service corridor into the garbage room was not locked and was partially open. The doors leading out of the			



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- garbage room to the exterior of the home were not locked and were partially open.
2. On January 26, 2011 the exit door from the lower level service wing to the north parking lot was not locked and was propped open with a shovel.
 3. On January 26, 2011 the lower level door from the service corridor into the receiving area was held in an open position by a magnetic lock. The door leading from the receiving area to the exterior of the north side of the building was not locked.
 4. On January 27, 2011 the lower level door from the service corridor into the receiving area was closed but not locked. The door leading from the receiving area to the exterior of the north side of the building was wide open and not locked.

This order must be complied with by:	Immediately
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West



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Direction de l'amélioration de la performance et de la conformité

Toronto, ON
M5S 2T5

Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 28th day of January, 2011.	
Signature of Inspector:	
Name of Inspector:	Wendy Berry
Service Area Office:	Ottawa



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Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
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LTC Home:	Golden Plough Lodge 983 Burnham Street Cobourg, Ontario K9A 5J6 Fax # 905 372 8525		
Name of Administrator:	Clare Briggs		

To The Corporation of the County of Northumberland, you are hereby required to comply with the following orders by the dates set out below:

Order #:	002	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg. 79/10, s. 9. Every licensee of a long-term care home shall ensure that the following rules are complied with:			
<ol style="list-style-type: none"> 1. All doors leading to stairways and the outside of the home must be, <ol style="list-style-type: none"> ii. equipped with a door access control system that is kept on at all times, 			
Order: All doors leading to stairways and the outside of the home are to be equipped with a door access control system that is kept on at all times.			
Grounds:			
<ol style="list-style-type: none"> 1. The main entrance door facing Burnham Street and the other main entrance door in the vicinity of the reception desk are each equipped with a door access control system; however, the door alarm component is not kept on at all times. On January 26, 27 and 28, 2011 the alarm reset switch at 			



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each door remained in the bypass position which shuts off the door alarm.	
2. 2 doors leading to the outside are not equipped with a door access control system:	
<ul style="list-style-type: none"> • one door leads from a lower level corridor into the courtyard; • one door leads from a lower level craft room into the courtyard. 	
This order must be complied with by:	June 01, 2011

Order #:	003	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg. 79/10, s. 9. Every licensee of a long-term care home shall ensure that the following rules are complied with:			
1. All doors leading to stairways and the outside of the home must be,			
<ul style="list-style-type: none"> iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and <ul style="list-style-type: none"> A. is connected to the resident-staff communication and response system, or B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. 			
Order: All doors leading to stairways and the outside of the home are to be equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and the alarm is to be			
<ul style="list-style-type: none"> a. connected to the resident-staff communication and response system, or b. connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door. 			
Grounds:			
1. 5 doors leading to stairways and to the outside of the home are not equipped with an audible door alarm that allows calls only to be cancelled at the point of activation and that is connected to the resident-staff communication and response system or that is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door:			
<ul style="list-style-type: none"> • door leading from lower level corridor to stairway that leads to exit door #9; • door leading from corridor into a stairway in the vicinity of room S142; • door leading from the corridor into a stairway in the vicinity of room S 152; • door leading from a corridor into the lower level outside courtyard; • door leading from a craft room into the lower level outside courtyard. 			
This order must be complied with by:	June 01, 2011		

REVIEW/APPEAL INFORMATION

TAKE NOTICE:



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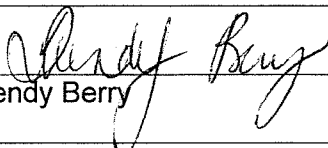
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55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 10th day of March, 2011.	
Signature of Inspector:	
Name of Inspector:	Wendy Berry
Service Area Office:	Ottawa