

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: August 20, 2025

Inspection Number: 2025-1553-0006

Inspection Type:

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): August 12-15, 18-20, 2025.

The following intake(s) were inspected:

- Intake: #00150920 - Critical Incident System report (CIS) related to an allegation of an altercation between two residents.
- Intake: #00152305 - CIS related to the use of an hyperglycemic hormone for a resident.
- Intake: #00153305 - CIS related to a fall of a resident.
- Intake: #00153443 - CIS related to an allegation of improper/ incompetent care by staff.
- Intake: #00153829 - CIS related to an allegation of improper/Incompetent treatment of several residents.

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

Resident Care and Support Services
Medication Management

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Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Restraining by physical devices

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

Non-compliance with: FLTCA, 2021, s. 35 (2) 5.

Restraining by physical devices

s. 35 (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:

5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.

The licensee failed to obtain written consent from the resident's substitute decision-maker for the use of a physical device, as required by the home's policy. Staff confirmed that consent was not obtained prior to implementation.

Sources: A resident's clinical health records, protocols, and interviews with staff.

WRITTEN NOTIFICATION: Requirements relating to restraining by a physical device

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

Non-compliance with: O. Reg. 246/22, s. 119 (2) 2.

Requirements relating to restraining by a physical device

s. 119 (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 35 of the Act:

2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class.

The licensee failed to ensure staff applied a physical device as ordered. On a specific date, the device was not used as directed, resulting in injury.

Sources: A resident's clinical health records, the home's investigations, protocols, interviews with staff.

WRITTEN NOTIFICATION: Evaluation

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

Non-compliance with: O. Reg. 246/22, s. 122 (a)

Evaluation

s. 122. Every licensee of a long-term care home shall ensure,

(a) that an analysis of the restraining of residents by use of a physical device under section 35 of the Act or pursuant to the common law duty referred to in section 39 of the Act is undertaken on a monthly basis;

The licensee failed to conduct monthly evaluations for a physical device as required. Although a reassessment was documented over a year later, there was no evidence of monthly reviews in the clinical records during that period. Staff confirmed that these evaluations were not being completed.

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Sources: A resident's clinical health records, protocols, and an interview with staff.

WRITTEN NOTIFICATION: Continence care and bowel management

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

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

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee failed to ensure staff followed the resident's care plan for bathroom assistance, which required checks every few hours. Staff confirmed this was not completed.

Sources: A resident's care plan, and interviews with staff.

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

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