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# Report 2025-034

**Report Title:** **Ministry of Long-Term Care Inspection Update**

**Committee Name:** Community Health

**Committee Meeting Date:** March 4, 2025

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Golden Plough Lodge

**Reviewed by:** Glenn Dees
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Golden Plough Lodge

**Approved by:** Jennifer Moore, CAO

**Council Meeting Date:** March 19, 2025

**Strategic Plan Priorities:**
☐ Innovate for Service Excellence
☐ Ignite Economic Opportunity
☐ Foster a Thriving Community
☐ Propel Sustainable Growth
☒ Champion a Vibrant Future

## Information Report

"**That** the Community Health Committee receive Report 2025-034 'Ministry of Long Term Care Inspection Update' for information; and

**Further That** the Committee recommend that County Council receive this report for information."

## Purpose

This report for information will provide an overview of the latest Golden Plough Lodge's (GPL) Ministry of Long-Term Care Inspection Report, received on January 14, 2025.

## Background

The GPL is a municipally owned and operated long-term care home. The Province mandates

every upper-tier municipality to have at least one long-term care home in operation. First established in the 1850's as a County House of Refuge, the GPL has a long-established history of caring for others.

Today, the GPL serves others whose needs cannot be met in the community and require both personal care and nursing expertise. The GPL is first and foremost home to 151 residents, cared for and supported by 230 dedicated staff members providing Nursing Care, Dietary Services, Life Enrichment Programming, Environmental Services and Administration Support.

As an operating division of the Corporation of the County of Northumberland, the following core values are embedded in all facets of the GPL operations:

- Accountability
- Care & Support
- Collaboration/Communication
- Honesty & Integrity
- Innovation & Excellence
- Mutual Trust and Respect

The GPL operates on an annual budget of $23,945,474 (2024). Of that $13,312,827 is funded from Provincial subsidies, $6,982,034 County levy, $3,529,313 resident accommodation revenue and $121,300 other revenues. The bulk of the Provincial subsidies is in the form of a per diem based on occupied beds under various funding envelopes. The largest funding envelope is for nursing and personal care, and this is adjusted by a Case Mix Index factor dependent on the reported acuity levels of the resident population.

The MLTC conducted an inspection from January 6-10, and 13-14, 2025. This was a follow up to a previous inspection that took place in August 20-23, 26-30, 2024. The GPL received 3 written notifications and 3 compliance orders from the August inspection.

In January, the following intakes were inspected:

• Intake #00126313 - Follow-up #2 – Compliance order (CO) #002 from inspection #2024-1553-0003, regarding FLTCA, 2021, s. 82 (2) Training, with a compliance due date (CDD) of July 30, 2024, RIF $500.
• Intake #00126314 - Follow-up #1 – CO #003 from inspection #2024-1553-0004, regarding FLTCA, 2021, s. 82 (2) 10. Training, with a CDD of December 20, 2024.

Intake #00126315 - Follow-up #1 – CO #001 from inspection #2024-1553-0004, regarding FLTCA, 2021, s. 34 (1) 5. Protection from certain restraining, with a CDD of November 1, 2024.
• Intake #00126316 - Follow-up #1 – CO(HP) #002 from inspection #2024-1553-0004, regarding O. Reg. 246/22 - s. 23 (2) (c), Cooling requirements, with a CDD of November 29, 2024.
• Intake #00127783, Critical incident (CI) #M531-000028-24 and Intake #00128351, CI #M531-000029-24 regarding allegations of emotional abuse of residents by staff.
• Intake #00130853, CI #M531-000033-24 regarding an allegation of improper care of a resident.
• Intake #00133935, CI #M531-000043-24 regarding an allegation of neglect of a resident by staff.
• Intake #00134220, CI #M531-000045-24 regarding an allegation of abuse of a resident by staff.

During the exit interview and throughout the inspection, the inspectors commented that there had been a large amount of work completed on the previous orders they were inspecting. They also noted that information was provided in a timely manner which was again, appreciated.

For clarification, long-term care homes must report critical incidents to the Ministry as defined in legislation. Long-term care homes identify each critical incident using incident categories. If an incident appears to fall into more than one category, the most appropriate incident category is selected. A critical incident is completed for a variety of reasons including but not limited to a missing or unaccounted for controlled substance, contamination of drinking water supply, suspected neglect or abuse of a resident.

A Written Notification may be issued when a non-compliance is identified as low impact or risk to a resident. A Compliance Order will be issued when a non-compliance is identified as significant impact or risk to a single resident's health, safety or quality of life, or moderate impact or risk to multiple residents. If an inspector finds non-compliance with the Fixing Long-term Care Act (FLTCA) during an inspection, they are required by the Act to take the following factors into account:

- Severity
- Scope
- Compliance History.

Severity:

An inspector determines severity based on:
1. The impact to the resident(s) as a result of the finding of non-compliance.
2. The risk to the resident(s) at the time of the non-compliance.
3. The risk to the resident(s) at the time of the inspection (when relevant).

Scope:

An inspector determines scope based on how many residents were affected by the non-compliance. For example, is the finding of non-compliance an isolated incident or a broader issue in the home.

Compliance History:

A licensee is considered to have a history of non-compliance related to a finding if they have a previous finding of non-compliance on the same specific legislative reference (or equivalent in the Long-Term Care Homes Act, 2007) in the past 36 months.

To further explain compliance history, the GPL would have to have no findings for 36 months in an inspection protocol like, Infection Prevention and Control Program (IPAC), to be clear of repeat orders and AMP's. A staff member could be found to be out of compliance by for example, missing one handwashing opportunity, forgetting a step in donning/doffing procedure, misreading a precautions sign and so on. These are important measures that GPL take seriously and when performed, minimize the spread of infectious diseases and provide a safe home for residents. Striving for continuous quality improvement is key and training, repetition and on the spot audit reinforcing best practice behaviour and correcting mistakes are ways to improve IPAC

practices within a long-term care home.

**Consultations**

Consultations were completed with:

- leaders in other homes across the Eastern region of Ontario
- Northumberland County CAO and Director of Health and Human Services
- Ministry of Long-Term Care Inspection Manager and Inspectors

**Legislative Authority / Risk Considerations**

Ministry of Long-Term Care (MLTC)

Fixing Long-Term Care Act, 2021 (FLTCA)

Ontario Regulation 246/22

**Discussion / Options**

The following previously issues Compliance Order(s), based on the GPL's report from August, 2024 inspections were found to be in compliance:

Order #002 from Inspection #2024-1553-0003 related to FLTCA, 2021, s. 82 (2) inspected by Julie Dunn (706026)

Order #003 from Inspection #2024-1553-0004 related to FLTCA, 2021, s. 82 (2) 10. inspected by Julie Dunn (706026)

Order #001 from Inspection #2024-1553-0004 related to FLTCA, 2021, s. 34 (1) 5. inspected by Catherine Ochnik (704957)

Order #002 from Inspection #2024-1553-0004 related to O. Reg. 246/22, s. 23 (2) (c) inspected by Catherine Ochnik (704957)

Through comprehensive action planning, the GPL was able to comply with all orders received. There was a tremendous amount of planning and implementing from Senior Leadership and staff to accomplish compliance in all areas. The Ministry was complimentary of GPL's accomplishment during the exit interview stating there was clearly a remarkable amount of work and detail put into the orders. The Senior Leadership Team trained 300 staff throughout the months of November and December 2024 ensuring all staff (including contracted staff like physio, foot care nurses, hairdresser) were knowledgeable on key aspects of the Fixing Long-Term Care Act, 2021 like Resident Bill of Rights, elimination of abuse and reporting requirements. Further, the Senior Leadership Team now has in place a process to train all new staff in line with the requirements in the FLTCA, 2021.

In addition to inspecting orders from a previous inspection to ascertain compliance, the Ministry also conducted an inspection using the following protocols:

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect

- Staffing, Training and Care Standards
- Restraints/Personal Assistance Services Devices (PASD) Management

The current January inspection resulted in only 6 written notifications and 0 compliance orders putting the GPL back in total compliance with MLTC legislation.

**Written Notifications**

Documentation

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. **Non-compliance with: FLTCA, 2021, s. 6 (9) 1.** Plan of care 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.

Actions: Documentation

Nursing managers will share this notification with direct care staff to use it as an opportunity to reinforce that all care provided needs to be documented in line with GPL policy. They will also remind staff to refer to individualized care plans in addition to the resident to determine care needs.

Policy to Promote Zero Tolerance

NC #002 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.

Actions: Policy to Promote Zero Tolerance

All staff were very recently trained on the GPL policy to promote zero tolerance of abuse within the home. The specific staff involved in the CI that determined this written notification has been provided with remedial work as well as education and coaching on how to move forward providing oral care to residents.

Reporting Certain Matters to the Director

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. **Non-compliance with: FLTCA, 2021, s. 28 (1) 2.** Reporting certain matters to Director s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director: 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident

Actions: Reporting Certain Matters to the Director

All staff were recently trained on mandatory reporting requirements. This will continue to be reinforced during monthly staff huddles and Senior Leadership is reviewing the reporting process and making improvements as determined.

Communication and Response System

NC #004 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.

Actions: Communication and Response System

All staff were recently trained on call bells and their obligations to ensure the call bell is in reach for every resident when they leave the room after providing care. This will be reinforced during direct care staff meetings with the nursing managers.

Skin and Wound Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. **Non-compliance with: O. Reg. 246/22, s. 55 (1) 3.** Skin and wound care s. 55 (1) The skin and wound care program must, at a minimum, provide for the following: 3. Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.

Actions: Skin and Wound Care

Direct care staff were provided reminders and coaching to only document care once it has been provided which is in line with GPL policy. Strategies were discussed with staff around how to manage time to ensure documentation is completed according to policy.

Skin and Wound Care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. **Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)** Skin and wound care s. 55 (2) Every licensee of a long-term care home shall ensure that, (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds, (i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

Actions: Skin and Wound Care

Skin and Wound is a mandatory clinical program. Work is currently underway to review the skin and wound program and further develop it to ensure it aligns with the FLTCS, 2021 expectations which will ensure appropriate tools are developed and used to document wounds. Updates to this program will be completed by the ministry deadline of March 31, 2025.

## Financial Impact

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021,the licensee is subject to a re-inspection fee of $500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021,

and/or s. 153 of the LTCHA, 2007: Follow-up #2 – Compliance order (CO) #002 from inspection #2024-1553-0003, regarding FLTCA, 2021, s. 82 (2) Training, with a compliance due date (CDD) of July 30, 2024.

This reinspection fee has been paid.

### Member Municipality Impacts

N/A

### Conclusion / Outcomes

Staff request that the Community Health Committee and County Council receive this report for information.

### Attachments

Report 2025-034 ATTACH 1 ‘Public Report – January 14, 2025’