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Report 2025-082

Report Title: Ministry of Long-Term Care Inspection Update

Committee Name: Community Health

Committee Meeting Date: May 6, 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: May 21, 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 2025-082 ‘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 Golden Plough Lodge’s (GPL) Ministry of Long-Term Care Inspection Report dated March 6, 2025.

Background

The GPL received inspectors from the Ministry of Long-Term Care (MLTC) Inspections Branch February 19, 20, 24, 26, 28, 2025 and March 3-6, 2025. The inspection occurred offsite on

February 27, 2025. This was an inspection of Critical Incidents. An MLTC Inspection Report was received by the GPL on March 6, 2025.

The following Inspection Protocols were used during this inspection:

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Reporting and Complaints
- Falls Prevention and Management

The following intakes were inspected:

Two intakes regarding allegations of physical abuse of residents by a resident.

An intake regarding an allegation of physical abuse of resident by staff.

Three intakes regarding an allegation of verbal abuse of residents by staff.

An intake regarding an allegation of neglect of resident by staff.

An intake regarding the Outstanding Emergency Planning Annual Attestation.

Three intakes regarding fall of a resident.

Consultations

The GPL senior management team routinely reviews all Inspection Reports upon receipt to initiate corrective actions if required and upon completion of exit interview with Ministry of Long-Term Care Inspectors.

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

Ontario Regulation 246/22

Discussion / Options

During the exit interview, the Ministry inspectors were again complimentary stating that it is obvious residents are well cared for at the Golden Plough Lodge. The current inspection resulted in 13 written notifications and 1 non-compliance order.

Written Notifications

Resident Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: FLTCA, 2021, s. 3 (1) 4. Residents' Bill of Rights s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted: 4. Every resident has the right to freedom from abuse.

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: FLTCA, 2021, s. 3 (1) 5. Residents' Bill of Rights s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted: 5. Every resident has the right to freedom from neglect by the licensee and staff.

Action Plan

Based on this written notification, the GPL staff will continue to partake in annual training which included zero tolerance for abuse and neglect. Further, based on the non-compliance order within this report, the GPL is providing 1:1 training for all Registered Nurses and Registered Practical Nurses so they understand the homes policies on zero tolerance for abuse and neglect and also understand when and how to report critical incidents related to abuse and neglect. In 2024, all staff were trained on this and as stated this training and follow up will continue.

Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: FLTCA, 2021, s. 6 (7) Plan of care s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Action Plan

To address this written notification, staff have been reminded to review care plans prior to beginning to provide care to a resident to ensure they are consistently meeting identified resident needs.

Policy to Promote Zero Tolerance

NC #004 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.

Action Plan

Similar to resident Bill of Rights, staff have been trained on all policies applicable in the home and also how to access. The GPL takes resident abuse very seriously and will continue to work to prevent any potential situations through training, reinforcement and on the spot corrections as needed. The GPL also continues to report any alleged cases to the Critical incident system as per Ministry direction.

Licensee must investigate, respond and act

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (i) Licensee must investigate, respond and act s. 27 (1) Every

licensee of a long-term care home shall ensure that, (a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated: (i) abuse of a resident by anyone.

Action Plan

Plans are currently being developed, through the audit process, to ensure that all GPL understand and follow the critical incident reporting process. The Business Partner, Quality and Operations is undergoing the development of a quality improvement process upon completion of the daily audits of critical incidents as identified in the non-compliance order within this report.

Reporting certain matters to Director

NC #006 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.

Action Plan

Plans are currently being developed, through the audit process, to ensure that all GPL understand and follow the critical incident reporting process. The Business Partner, Quality and Operations is undergoing the development of a quality improvement process upon completion of the daily audits of critical incidents as identified in the non-compliance order within this report.

Skin and wound care

NC #007 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.

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv) 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, (iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated.

Action Plan

The GPL is now at full compliment with a dedicated full and part time wound care nurse ensuring that the appropriate skin assessments and follow up are completed consistently.

Police Notification

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: O. Reg. 246/22, s. 105 Police notification s. 105. Every licensee of a long-term care home shall

ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

Action Plan

The Administrator spoke with police and there is now a new process to report critical incident situations to the police in a timely manner in line with the FLTCA, 2021.

Licensees who report investigations under s. 27 (2) of Act

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: O. Reg. 246/22, s. 112 (1) 4. Licensees who report investigations under s. 27 (2) of Act s. 112 (1) In making a report to the Director under subsection 27 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report: 4. Analysis and follow-up action, including, i. the immediate actions that have been taken to prevent recurrence, and ii. the long-term actions planned to correct the situation and prevent recurrence.

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: O. Reg. 246/22, s. 112 (2) Licensees who report investigations under s. 27 (2) of Act s. 112 (2) Subject to subsection (3), the licensee shall make the report within 10 days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the Director.

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: O. Reg. 246/22, s. 112 (3) Licensees who report investigations under s. 27 (2) of Act s. 112 (3) If not everything required under subsection (1) can be provided in a report within 10 days, the licensee shall make a preliminary report to the Director within 10 days and provide a final report to the Director within a period of time specified by the Director.

Action Plan

These written notifications also tie into the non-compliance order where any gaps in the critical incident reporting will be identified through daily audit process and appropriate plans put in place to ensure all aspects of a critical incident are reported according to the mandated FLTCA, 2021.

Attestation

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: O. Reg. 246/22, s. 270 (3) Attestation s. 270 (3) The licensee shall ensure that the attestation is submitted annually to the Director.

Action Plan

The annual attestation was submitted late this year due to unforeseen circumstances and there is now a process in place to correct and prevent this from happening in the future.

Compliance Order

Duty to Protect

NC #014 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2. Non-compliance with: FLTCA, 2021, s. 24 (1) Duty to protect s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

1. The Director of Care (DOC) or designate shall provide an in-person education to two Personal Support Workers on the home's policy regarding the Zero Tolerance of Abuse and Neglect of Residents. Keep a documented record of the education provided, including the date, time, training materials, names and designations of attendees, and the person delivering the training.
2. The DOC or designate shall provide an in-person education to all Registered Nurses, including agency and Management staff on the home's policy regarding the Zero Tolerance of Abuse and Neglect of Residents and the Investigation of Alleged, Suspected, or Witnessed Abuse. Ensure the training includes the process for initiating immediate investigations, timelines for completing investigations, and documentation requirements. Keep a documented record of the education provided, including the date, time, training materials, names and designations of attendees, and the person delivering the training.
3. The DOC or designate shall develop and implement a daily auditing process for a period of six weeks to ensure all reported abuse or neglect incidents are investigated immediately and immediate actions have been taken to prevent recurrence. Document each audit, including the date, the name and designation of the auditor, incidents reviewed, and any non-compliance identified. If non-compliance is identified, outline the corrective actions taken, and ensure these are documented. Then the DOC or designate shall analyze the audit findings at the end of the six-week period to identify trends, gaps, or recurring issues in the home's investigation process. Develop and implement a corrective action plan to address any gaps or delays in the investigation process. Maintain a record of the analysis and the corrective actions taken.
4. All audits and education records will be retained and made available to Inspectors upon request.

Action Plan

This order must be complied with by June 2, 2025. The GPL SLT is currently working on complying with this order through planned efforts based on the order direction. The DOC and ADOC's are providing education and implementing a daily audit as above to ensure the GPL will be back in compliance upon return inspection.

Financial Impact

N/A

Member Municipality Impacts

N/A

Conclusion / Outcomes

GPL senior management request that the Community Health Committee and County Council receive this report for information.

Attachments

1. Report 2025-082 ATTACH 1 'Public Inspection Report- March 6, 2025'