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Report 2025-112

Report Title: Ministry of Long-Term Care Inspection Update

Committee Name: Community Health

Committee Meeting Date: June 3, 2025

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Golden Plough Lodge

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Council Meeting Date: June 18, 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 2025-112 ‘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 April 8, 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 \$30,205,008 (2025). Of that \$15,300,813 is funded from Provincial subsidies, \$10,888,271 County levy, \$3,809,700 resident accommodation revenue and \$206,224 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 Ministry of Long-Term Care (MLTC) Inspections Branch has visited the GPL three times to date in 2025.

The GPL received inspectors from the Ministry of Long-Term Care (MLTC) Inspections Branch March 31, 2025 and April 1-4, 7, 8 2025

The following intake(s) were inspected:

- Intake #00138588 - Critical Incident System (CIS) report related to alleged incidents of staff to resident neglect
- Intake #00141060 - CIS report related to alleged staff to resident abuse
- Intake #00141326 - CIS report related to an environmental emergency
- Intake #00141341 - Complaint regarding resident care and safety

The following Inspection Protocols were used during this inspection:

- Resident Care and Support Services
- Infection Prevention and Control
- Safe and Secure Home
- Responsive Behaviours
- Prevention of Abuse and Neglect

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 a 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.

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

The current inspection resulted in 5 written notifications and 1 non-compliance order.

Written Notifications

Residents' Bill of Rights

NC #001 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

Continuing with annual training plan as well as the GPL's abuse prevention policy that says the GPL has zero tolerance for abuse and neglect of residents. Resident care, comfort and safety were and continue to be a priority within the GPL for all residents.

Reporting Certain Matters to the Director

NC #002 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

An audit and analysis have been conducted to ensure that all Critical Incidents are reported in a timely manner to the Director. The results of the analysis will continue to guide the work and corrections required to meet this written notification.

Notification re: Incidents

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: O. Reg. 246/22, s. 104 (1) (b) Notification re incidents s. 104 (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident, (b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

Action Plan

An audit and analysis have been conducted to ensure that all Critical Incidents are reported in a timely manner to the Director. The results of the analysis will continue to guide the work and corrections required to meet this written notification.

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

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. Non-compliance with: O. Reg. 246/22, s. 112 (1) 2. i. 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: 2. A description of the individuals involved in the incident, including, i. names of all residents involved in the incident.

NC #005 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

An audit and analysis have been conducted to ensure that all Critical Incidents are reported in a timely manner to the Director. The results of the analysis will continue to guide the work and corrections required to meet this written notification.

Compliance Order

Home to be safe, secure environment

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2. Non-compliance with: FLTCA, 2021, s. 5 Home to be safe, secure environment s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

Action Plan

A written plan to ensure that a resident is monitored by the home at all times with the exception of providing the resident with privacy when in the bathroom, to ensure safety and prevent risk of harm has been developed and implemented.

There is a plan in place to ensure resident is checked for specific objects upon return from every outing with a written record of each check that includes the date, time, who conducted the check, outcome and action taken.

There are many factors that should be noted with respect to the inspections and findings in the report and throughout the 2024-2025 period. At the request of Community Health Committee, GPL Administrator collected inspection data from Advantage Ontario-Region 6 Homes to compare with the GPL's 2024 and 2025 to date inspections.

Data collected compare the Golden Plough Lodge (GPL) to 21 other long-term care (LTC) homes in Ontario for numbers of inspections, written notifications, non-compliance orders, proactive compliance inspections, and notices of administrative monetary penalty (AMP) in 2024. The GPL value is compared to the median value of the distributions (see Table 1) for each variable. Median refers to the middle value of a set of ordered data points, meaning that half of the data points lie above this value and half below. This represents the 50th percentile of the data points considered. Average values were not considered because all distributions, apart from the number of inspections, were highly skewed or involved a limited range.

The GPL demonstrated the median value (4) for number of inspections, placing it at the 50th percentile for all LTCs considered (see Figure 1). For proactive compliance inspections, the GPL was 1 of 15 LTCs that reported 1 while the remaining LTCs reported 0. Examining written notifications, non-compliance orders, and AMP shows the GPL as above the median values and in some instances extending into the skewed ends of the distributions (see Figures 2,3, and 4).

Table 1. Median, maximum, and minimum values of the data compiled from 22 LTCs (including GPL) in 2024.

2024	Inspections	Written Notifications	Non-compliance Orders	Proactive Compliance Inspection	Notice of Administrative Monetary Penalty (AMP)
GPL value	4	18	12	1	4
Median	4	11	1	1	0
Maximum	8	52	31	1	22
Minimum	1	0	0	0	0

Figure 1. Distribution of number of inspections for 22 Ontario LTC homes in 2024. Starred and bolded value shows where the GPL lies within the distribution.

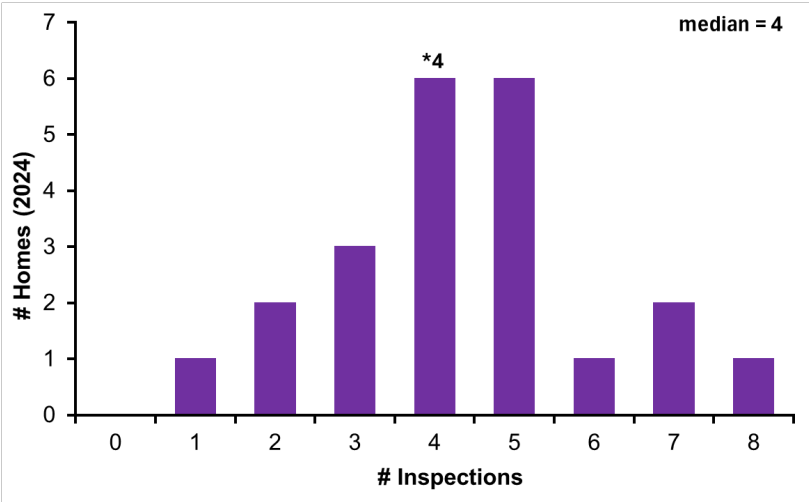


Figure 2. Distribution of number of written notifications for 22 Ontario LTC homes in 2024. Starred and bolded value shows where the GPL lies within the distribution.

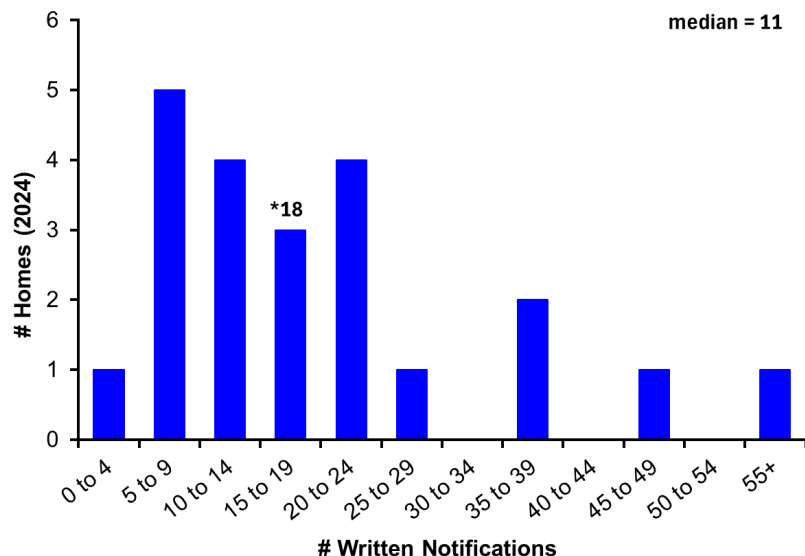
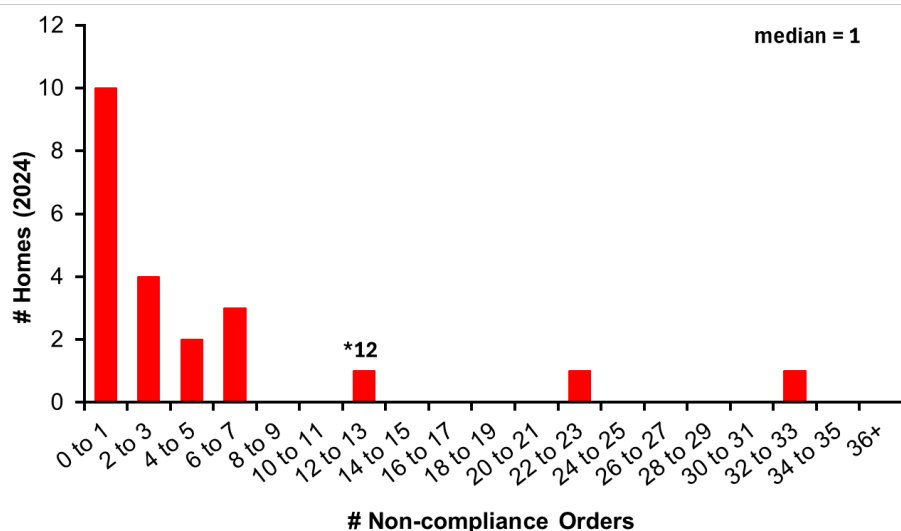
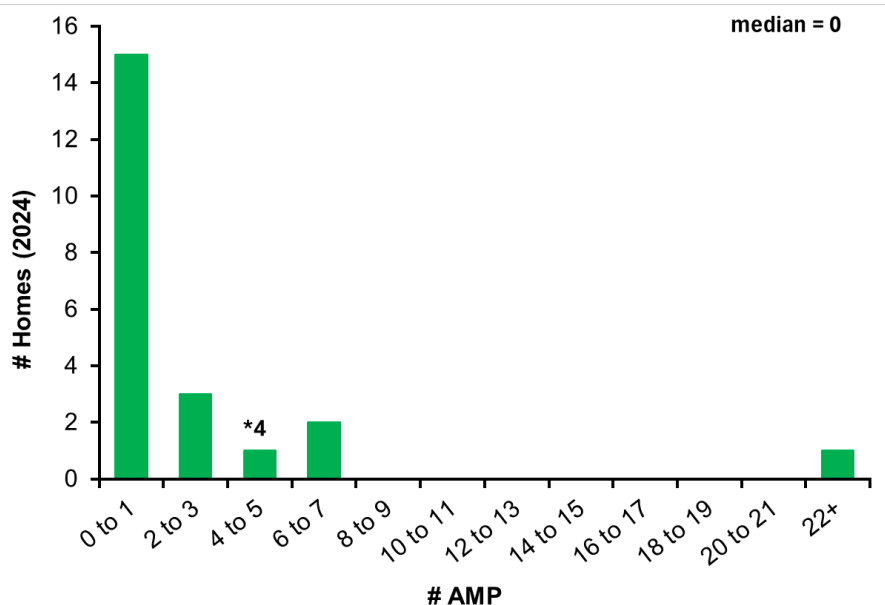


Figure 3. Distribution of non-compliance orders for 22 Ontario LTC homes in 2024. Starred and bolded value shows where the GPL lies within the distribution.



Four of the non-compliance orders above as well as one AMP were related to air conditioning requirements that were not met at the GPL. The GPL's current building has dated infrastructure that is simply not able to handle additional loads or renovations such as what would be required to install central A/C in the building. If you exclude the 4 non-compliance orders from the above figure, although the position of the GPL in the distribution remains unchanged, it does show the raw value is lower and closer to the median. If one AMP is excluded from the figure below, it again lowers the raw value and places the GPL closer to the median, grouped with other homes in the region.

Figure 4. Distribution of notice of administrative monetary penalty (AMP) for 22 Ontario LTC homes in 2024. Starred and bolded value shows where the GPL lies within the distribution.



Further to GPL's infrastructure's age and current condition, there have also been many staffing changes at the senior level. Stable senior leadership is essential to the successful operation of long-term care (LTC) homes. Consistent leadership provides strategic direction, promotes organizational stability, and fosters a culture of accountability and continuous improvement. Leaders who remain in their roles over time develop a deep understanding of the facility's needs, residents, and staff dynamics, enabling them to implement policies that enhance care quality and operational efficiency (Anderson et al., 2003). Stability at the top also helps maintain staff morale and engagement, as consistent leadership often correlates with clear communication, support for professional development, and well-defined expectations.

Frequent turnover in senior leadership, on the other hand, can lead to disruptions in care delivery, inconsistencies in policy implementation, and a lack of clear vision, all of which can negatively impact both staff performance and resident outcomes. Leadership instability often contributes to increased staff turnover and resistance to organizational change, further straining facility operations (Waldman et al., 2010). Conversely, when senior leaders are stable and effective, they are better positioned to champion quality improvement initiatives, ensure regulatory compliance, and build trust with residents, families, and external stakeholders. Leadership continuity is a foundational component of sustainable and high-performing LTC operations. The GPL is coming into a period of greater stability with the senior leadership team and expects to continue to apply continuous quality improvement lens to the work at the GPL. This means consistently setting clear expectations, training and education, process and policy adherence and ultimately sharing a vision that continues to put residents first in all staff's daily actions.

References:

Anderson, R. A., Issel, L. M., & McDaniel, R. R. (2003). Nursing homes as complex adaptive systems: Relationship between management practice and resident outcomes. *Nursing Research*, 52(1), 12–21. <https://doi.org/10.1097/00006199-200301000-00003>

Waldman, J. D., Kelly, F., Arora, S., & Smith, H. L. (2010). The shocking cost of turnover in health care. *Health Care Management Review*, 35(3), 206–211.
<https://doi.org/10.1097/HMR.0b013e3181e3940e>

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 2025-112 ATTACH 1 'Ministry of Long-Term Care Public Inspection Report (2025)'