Ontario

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

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

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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
September 23, 2010	2010_103_9531_23Sep155713	Other (Critical Incident) CIS# M531-000031-10 Log #O-000304

Licensee/Titulaire
The Corporation of the County of Northumberland, 555 Courthouse Road., Cobourg, ON K9A 5J6 Fax# 905-372-1696

Long-Term Care Home/Foyer de soins de longue durée
Golden Plough Lodge, 983 Burnham St., Cobourg, ON K9A 5J6 Fax# 905-372-8525

Name of Inspector(s)/Nom de l'inspecteur(s)

Darlene Murphy (ID#103)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection related to resident to resident abuse.

During the course of the inspection, the inspector spoke with 1 Registered Nurse and 1 Personal Support Worker.

During the course of the inspection, the inspector did a walkthrough of Blacklock 1, Secure unit to observe resident care and reviewed the health care records of 2 residents.

The following Inspection Protocol was used during this inspection:
Responsive Behaviors

☒ There are no findings of Non-Compliance as a result of this inspection.

☐ Findings of Non-Compliance were found during this inspection.

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. Oct 6/10 Darlene Murphy
Title: Date:	**Date of Report:** (if different from date(s) of inspection).