

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Ottawa District**

347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Public Report

**Report Issue Date:** December 2, 2025

**Inspection Number:** 2025-1192-0009

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Omni Quality Living (East) Limited Partnership by its general partner,  
Omni Quality Living (East) GP Ltd.

**Long Term Care Home and City:** Almonte Country Haven, Almonte

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 24, 25, 26, 27, 2025 and December 1, 2, 2025

The following intake(s) were inspected:

- Intake: #00163245 - Pro-active compliance inspection.

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

Medication Management  
Infection Prevention and Control  
Staffing, Training and Care Standards

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Orientation

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

**Non-compliance with: FLTCA, 2021, s. 82 (2) 4.**

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

4. The duty under section 28 to make mandatory reports.

The home did not provide orientation training to a PSW, on an orientation date in August 2025, on the duty under section 28 to make mandatory reports.

Sources: a PSW orientation records and interview with the DOC.

## **WRITTEN NOTIFICATION: Orientation**

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

**Non-compliance with: FLTCA, 2021, s. 82 (2) 7.**

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

7. Fire prevention and safety.

The home did not provide orientation training to a PSW, on an orientation date in August 2025 on fire prevention and safety.

Sources: PSW orientation records, and interview with the DOC.

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## WRITTEN NOTIFICATION: Orientation

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

**Non-compliance with: FLTCA, 2021, s. 82 (2) 8.**

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

8. Emergency and evacuation procedures.

The home did not provide orientation training to a PSW, on an orientation date in August 2025, on emergency and evacuation procedures.

Sources: PSW orientation records, and interview with the DOC.

## WRITTEN NOTIFICATION: Staffing plan

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

**Non-compliance with: O. Reg. 246/22, s. 35 (3) (b)**

Nursing and personal support services

s. 35 (3) The staffing plan must,

- (b) set out the organization and scheduling of staff shifts;

The written staffing plan for registered nursing staff in the home, does not specify as to when they are scheduled in the home, nor does it indicate the number of registered staff to be on shift at any one time.

Sources: Homes staffing plan, interview with Director of Care (DOC) and the Executive Director (ED).

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## WRITTEN NOTIFICATION: Staffing plan Evaluation

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 35 (4)**

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The homes staffing plan evaluation did not include the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date those changes were implemented.

Sources: Homes staffing plan evaluation, interview with the DOC and ED.

## WRITTEN NOTIFICATION: IPAC-Personal Protective Equipment

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

Staff are to ensure they wear appropriate personal protective equipment (PPE) when having direct contact with a resident or their environment when contact precautions are in place.

On a specified date in November 2025 at a specified time, the inspector observed

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a PSW and an Algonquin College Student enter a resident's room, who was on contact precautions, without donning any PPE. They proceeded to assist the resident with a mechanical lift transfer from bed to wheelchair.

Sources: Inspector observations, interview with a PSW, DOC, executive director and the IPAC Lead.

### **WRITTEN NOTIFICATION: Orientation training**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 259 (1) 1.**

Orientation

s. 259 (1) For the purposes of paragraph 11 of subsection 82 (2) of the Act, the following are additional areas in which training shall be provided:

1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints.

The home did not provide orientation training to a personal support worker (PSW), on an orientation date in August 2025, and a Registered Practical Nurse (RPN), on an orientation date in April 2023, on the licensees written procedures for handling complaints and the role of staff when dealing with complaints.

Sources-Orientation training records for a PSW and RPN, and interview with the DOC.

### **WRITTEN NOTIFICATION: Orientation**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 259 (1) 2.**

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Orientation

s. 259 (1) For the purposes of paragraph 11 of subsection 82 (2) of the Act, the following are additional areas in which training shall be provided:

2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.

The home did not provide orientation training to an RPN, with an original orientation date in April 2023 as an agency staff and then hired by the home on a specified date in August 2025, on the safe and correct use of equipment.

Sources: An RPN's orientation training records, and interview with the DOC.

**WRITTEN NOTIFICATION: Orientation**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 259 (1) 3.**

Orientation

s. 259 (1) For the purposes of paragraph 11 of subsection 82 (2) of the Act, the following are additional areas in which training shall be provided:

3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities.

The home did not provide orientation training to an RPN, on an original orientation date in April 2023 as an agency staff and then hired by the home on a specified date in August 2025, on cleaning and disinfecting of equipment.

Sources: RPN orientation training records, and interview with the DOC.