

**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 9, 2025

**Inspection Number:** 2025-1182-0004

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** DTOC II Long Term Care LP, by its general partner, DTOC II Long Term Care MGP (a general partnership) by its partners, DTOC II Long Term Care GP Inc. and Arch Venture Holdings Inc.

**Long Term Care Home and City:** Lancaster Long Term Care Residence, Lancaster

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 26-28, 2025 and December 1-5, 8-9, 2025

The following intake(s) were inspected:

-Intake: #00163535 related to Pro-active compliance inspection.

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

- Contenance Care
- Resident Care and Support Services
- Infection Prevention and Control

## INSPECTION RESULTS

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## **WRITTEN NOTIFICATION: Continence care and bowel management**

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

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)**

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

A resident was incontinent of bladder and bowel upon admission to the long-term care home. An assessment of incontinence was not completed for the resident using a clinically appropriate instrument designed for this purpose. The assessment should have included identification of causal factors, patterns, type of incontinence, and the potential to restore function through specific interventions.

## **WRITTEN NOTIFICATION: Infection Prevention and Control Program**

NC #002 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

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prevention and control. O. Reg. 246/22, s. 102 (2).

In accordance with Additional Requirement 9.1 (b) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), a staff member did not sanitize their hands after removing a used mask and prior to putting on a new mask.

Additionally, in accordance with Additional Requirement 9.1 (d) under the IPAC Standard for Long-Term Care Homes, the staff member followed the incorrect sequence of Personal protective equipment removal.