

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: May 30, 2025

Inspection Number: 2025-1004-0004

Inspection Type:

Post-Occupancy

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

Long Term Care Home and City: Country Terrace, Komoka

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 27, 28, 29, 2025

The following intake(s) were inspected:

- Intake: #00147970 -Post-Occupancy Inspection.

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

Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following

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rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee failed to ensure that the door to a staff only area was locked when not being supervised by a staff member.

Inspectors observed the door to the staff area to be unlocked.

Sources: Observations, interview with maintenance manager.

WRITTEN NOTIFICATION: Availability of Supplies

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

Non-compliance with: O. Reg. 246/22, s. 48

Availability of supplies

s. 48. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

The licensee failed to ensure that supplies were readily available to clean and disinfect the resident specific equipment.

The soiled utility room did not have disinfectant or disposable cloths available for use in cleaning and disinfecting resident specific equipment.

Access to both sinks in the soiled utility room was blocked by stored mattresses and laundry cart.

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Sources: Observations, review of the home's Reprocessing Policy #: IPAC-RM-10.2, Effective Date: May 11, 2020, Reviewed Date: November 22, 2024, Approved Date: November 22, 2024 and interview with staff and IPAC Lead.

WRITTEN NOTIFICATION: Maintenance services

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

Non-compliance with: O. Reg. 246/22, s. 96 (2) (i)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

The licensee has failed to ensure that the hot water temperatures in the bathtubs and showers were maintained at a temperature of at least 40 degrees Celsius (C).

Record review of the Daily Water Temperature Logbook identified the tub room water temperature to be recorded as 37.8 degrees C.

Observations included water temperatures in the Tub/Shower Room to be below 40 degrees C.

Sources: record reviews, observations, and interviews with Maintenance Manager.

COMPLIANCE ORDER CO # 001 Housekeeping

NC # 004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (ii)

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Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

1. Review the home's Reprocessing Policy #: IPAC-RM-10.2 to ensure direction to staff is clear on the process they are to follow. Revise as necessary. Keep a written record of any revisions made.
2. Ensure all supplies are readily available as needed for cleaning and disinfecting resident specific equipment and supplies.
3. Develop and implement a cleaning schedule with clear direction on the process for staff to follow as per the home's Reprocessing Policy #: IPAC-RM-10.2.
4. Provide education with clear direction to all Personal Support Worker (PSW) staff in relation to the cleaning and disinfecting of resident specific equipment and supplies such as resident specific equipment. This education shall include, but is not limited to the home's Reprocessing Policy #: IPAC-RM-10.2. Keep a documented record of this education including the content, who provided the education, dates and list of attendees.

Grounds

The licensee failed to ensure that, as part of the organized program of

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housekeeping, the procedures that were developed were also implemented for cleaning and disinfection of supplies and devices. Specifically, staff were not following the home's Reprocessing policy.

The IPAC lead confirmed that a weekly cleaning schedule for resident specific personal equipment and supplies had not been implemented.

Sources: Review of the home's Reprocessing Policy#: IPAC-RM-10.2, Effective Date: May 11, 2020, Reviewed Date: November 22, 2024, Approved Date: November 22, 2024, observations and interviews with staff.

This order must be complied with by July 25, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.