Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

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Public Report

Report Issue Date: September 17, 2025
Inspection Number: 2025-1004-0009
Inspection Type: Proactive Compliance Inspection
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): September 8, 9, 10, 11, 12, 15, 16, 17, 2025

The following intake(s) were inspected:
-Intake: #00140856 - Proactive Compliance Inspection - 2025

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Residents' and Family Councils
Food, Nutrition and Hydration
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (b)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(b) the goals the care is intended to achieve

The licensee has failed to ensure that there was a written plan of care for a resident that set out the goals the care was intended to achieve related to pain management. The Director of Care (DOC) stated that it was their expectation that the goal for the resident's pain management should have been identified within the care plan and that it was not there when reviewed with the inspector.

Sources: Resident care plan, medical diagnoses list, and interviews with a resident and the DOC.

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and
The licensee has failed to ensure that the written plan of care for two residents set out clear directions to staff who provided direct care to those residents

A)A resident had an order for a specified treatment on a specific day on a weekly basis. When the treatment needed to be completed prior to the scheduled date, the Treatment Administration Record (TAR) was not updated to prompt staff when the treatment should have been completed again. There was risk that the treatment might not have been completed as ordered when the TAR did not direct staff when the treatment

should be completed.

B)The care plan for a resident included a focus related to impaired skin integrity with an intervention to identify potential causative factors and eliminate/resolve when possible. Staff verified there were no Treatment Administration Records (TAR) for the areas of altered skin integrity, and therefore no clear direction for what treatment was, when it was to be completed, or when reassessment was due.

Sources: Health records for two residents, and staff interviews.

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care

The licensee has failed to ensure that a procedure identified in a resident's plan of care was documented. A resident had an order for a weekly procedure. When the procedure needed to be completed outside of the scheduled dates in the Treatment Administration Record (TAR), staff did not document in the TAR or in progress notes. There was risk that resident's procedure might not have been completed as ordered when the procedure completed outside of the schedule was not documented.

Sources: Health records for a resident and staff interviews.

WRITTEN NOTIFICATION: Advice

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

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results

The licensee has failed to seek the advice of the Family Council in carrying out the resident and family/caregiver satisfaction survey. Family Council meeting minutes in in April, May and July 2025, did not include any documentation of the Family Council being provided the opportunity to have input into the residents and family/caregiver satisfaction survey. The Executive Director (ED) and a Family Council spokesperson said that the Family Council was not provided the opportunity to have input into the survey in 2025.

Sources: Family Council meeting minutes, and interview with a Family Council spokesperson and the ED.

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 43 (5) (a)

Resident and Family/Caregiver Experience Survey

s. 43 (5) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (4)

The licensee has failed to ensure that the results of the resident and family/caregiver satisfaction survey were made available to the Family Council. The Executive Director (ED) and a Family Council spokesperson said that the Family Council was not provided with the results of the resident and family/caregiver satisfaction survey, that were provided to the Residents' Council in August 2025.

Sources: Residents' Council meeting minutes, and interview with a Family Council spokesperson and the ED.

WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing

The licensee has failed to ensure that the Residents' Council was provided with a response in writing within ten days, when the council advised the licensee of concerns and requests. The June 2025 Residents' Council meeting minutes included concerns and requests regarding food, residents feeling rushed during care, staff voices too loud during care, labels falling off clothing and staff wearing name tags and introducing themselves. The Executive Director (ED) said that the Residents' Council was not provided a written response to the concerns identified in the June meeting.

Sources: Residents' Council meeting minutes, and interview with the ED.

WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing

The licensee has failed to ensure that Family Council was provided with a response in writing within ten days, when the Family Council advised the licensee of concerns. The May 2025 Family Council meeting minutes included concerns regarding food and fluids, personal support worker staffing and staff name tags. The Life Enrichment Coordinator (LEC) said that the Family Council was not provided a written response to the concerns identified in the May 2025 meeting.

Sources: Family Council meeting minutes, and interview with a Family Council member and the LEC.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: O. Reg. 246/22, s. 29 (3) 4.

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

4. Vision

The licensee has failed to ensure that two resident's plans of care were based on an interdisciplinary assessment with respect to vision.

A)A resident was observed wearing eyeglasses, their family member also said they required eyeglasses for vision. The resident's care plan did not contain a vision section.

B)Another resident was observed without eyeglasses on, a staff member confirmed the resident used eyeglasses, retrieved the glasses and assisted the resident to put them on. The resident's family member had also said they required eyeglasses for vision. The resident's care plan did not contain a vision section.

The Director of Care (DOC) said that the care plan should have included a focus, goals, and interventions related to vision and the residents' use of eyeglasses.

Sources: Observations of two residents, health records for two residents and interviews with residents' family members and staff.

WRITTEN NOTIFICATION: Skin & Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated

The licensee has failed to ensure that a resident exhibiting altered skin integrity was reassessed at least weekly. A resident did not have a weekly assessment for an area of altered skin integrity. There were some assessments completed, however, staff confused different areas when completing assessments, which lead to one area being missed.

Sources: Health records for a resident and staff interviews.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (1)

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website

The licensee has failed to prepare a report on the continuous quality improvement (CQI) initiative for 2025, no later than three months after the end of the fiscal year. The home's website included the Health Quality Ontario Quality Improvement Workplan, which did not include all of the requirements of Ontario Regulation 246/22, section 168 (2). The Director of Care (DOC) said that they were the lead for the CQI program in the home and they were not aware of the requirements of the regulations for the CQI initiative report.

Sources: The home's website and interview with the DOC.

WRITTEN NOTIFICATION: Orientation

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,

(f) cleaning and disinfection practices

The licensee has failed to ensure that training for staff in Infection Prevention and Control (IPAC) included cleaning and disinfection practices for two Personal Support Workers (PSW) during their orientation. There was no documentation of training completed for cleaning and disinfection practices in two PSWs' training records. The IPAC Lead confirmed that this training had been missed in the online training and the home could not substantiate that this training was ever provided.

Sources: Staff interview and staff training records.