

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: October 31, 2025

Inspection Number: 2025-1004-0010

Inspection Type:

Complaint
Critical Incident
Follow up

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): October 16, 17, 20, 21, 22, 23, 24, 27, 28, 29, 30, and 31, 2025

The following intake(s) were inspected:

- Intake: #00153521 - Follow-up #: 1 - O. Reg. 246/22 - s. 123 (3) (a)
- Intake: #00153522 - Follow-up #: 1 - O. Reg. 246/22 - s. 140 (3) (b)
- Intake: #00155295 - Follow-up #: 2 - O. Reg. 246/22 - s. 93 (2) (b) (ii)
- Intake: #00153753 – CIS# 0907-000025-25, related to staff to resident abuse
- Intake: #00154273 – CIS# 0907-000026-25, related to falls prevention
- Intake: #00156363 – CIS# 0907-000029-25, related to falls prevention
- Intake: #00156839 – CIS# 0907-000030-25, related to falls prevention
- Intake: #00158697 – CIS# 0907-000037-25, related to allegations of abuse/improper care
- Intake: #00159327 – complaint concerns related to improper care

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1004-0007 related to O. Reg. 246/22, s. 123 (3)

(a)

Order #003 from Inspection #2025-1004-0007 related to O. Reg. 246/22, s. 140 (3)

(b)

Order #001 from Inspection #2025-1004-0004 related to O. Reg. 246/22, s. 93 (2)

(b) (ii)

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

- Resident Care and Support Services
- Medication Management
- Housekeeping, Laundry and Maintenance Services
- Prevention of Abuse and Neglect
- Reporting and Complaints
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Documentation

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

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

Plan of care

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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 failed to ensure the provision of care provided to a resident was documented for the level of assistance required during activities of daily living (ADL).

Documentation in the care records for the resident was not completed for several ADL tasks.

Sources: Resident's clinical records, including their care records (Documentation Survey Report V2); and interviews with Director of Care (DOC) and other staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee failed to ensure that allegations of improper or incompetent treatment or care of a resident that resulted in harm or risk of harm to the resident were immediately reported to the Director.

Sources: Critical Incident System (CIS) report, The home's Zero Tolerance of Abuse

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and Neglect of Residents policy, The home's investigation documentation; and interviews with a Personal Support Worker (PSW) and the Director of Care (DOC).

WRITTEN NOTIFICATION: 24-hour admission care plan

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

Non-compliance with: O. Reg. 246/22, s. 27 (3) (b)

24-hour admission care plan

s. 27 (3) The licensee shall ensure that the care plan sets out,

(b) clear directions to staff and others who provide direct care to the resident. O.

Reg. 246/22, s. 27 (3).

The licensee failed to ensure that the care plan set out clear directions for staff and others who provided direct care to a resident.

When a resident was admitted to the home, their care plan upon admission did not include clear direction related to activities of daily living (ADLs).

Sources: The home's Accommodation and Admission Procedures policy, resident's clinical records, and interviews with Director of Care (DOC).

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments,

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reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that Dementia Observational System (DOS) assessment tools which were initiated for 2 residents who demonstrated responsive behaviours were documented as per the expectations of the home.

Sources: Clinical records for 2 residents, and an interview with the Clinical Care Coordinator and other staff.

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The licensee failed to ensure that a complaint made related to the care of a resident was investigated and resolved where possible and a response that complied with paragraph 3 was provided within 10 business days of the receipt of the complaint.

Sources: Review of complaint, the home's complaint/concern log, the home's

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policy titled "Investigation and Responding to Complaints and an interview with the Director of Care (DOC).

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (2)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

The licensee failed to ensure that a documented record was kept in the home related to a complaint from a residents Substitute Decision Maker (SDM) concerning the care of the resident.

Sources: Review of complaint, the home's complaint/concern log, the home's policy titled "Investigation and Responding to Complaints" and an interview with the DOC.

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COMPLIANCE ORDER CO #001 Transferring and positioning techniques

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

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

The licensee shall:

1. Conduct a minimum of five random audits per week on day and evening shifts, of staff transferring residents, including bath transfers, to ensure safe transferring, until the follow-up inspection is completed.
2. Provide on-the-spot education, as required, if areas of concern are identified in the audits.
3. Maintain a documented record of all audits completed, including but not limited to, the date of the audit, the individual who conducted the audit, the staff and resident audited, the outcome of the audit and any actions taken as a result of deficiencies identified.

Grounds

The licensee failed to ensure a Personal Support Worker (PSW), used safe transferring techniques when assisting a resident, which resulted in the resident sustaining a injury.

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Sources: The home's Mandatory Lift and Transfer Procedures policy, the home's investigation documentation; resident's clinical records and interviews with the Director of Care (DOC) and other staff.

This order must be complied with by November 17, 2025

COMPLIANCE ORDER CO #002 Duty to protect

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The inspector is ordering the licensee to comply with a Compliance Order

[FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. Re-educate a specified RN on the home's policy related to pain management. Keep a documented record of who provided the training, the date the training was provided, and the contents of the training.
2. The home is to develop and implement a policy and procedure for registered staff in relation to diagnostic imaging requisitions. The policy must include:
 1. Criteria for when to send residents to hospital vs. requesting mobile diagnostic imaging
 2. A method for tracking outstanding diagnostic imaging requisitions

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3. A timeframe for contacting the diagnostic imaging provider if tests have not been completed
4. A timeframe for contacting the physician and Substitute Decision Maker if tests have not been completed to explore alternatives
3. Incorporate the new policy and procedure developed for part 2 into the orientation training program for newly hired registered staff, and the annual re-education of all registered staff.
4. Educate registered staff and management on the policy and procedure developed for part 2, keep a documented record of who provided the training, who attended the training, the date the training was provided, and the contents of the training.

Grounds

A) The licensee has failed to ensure that a resident was not neglected by staff after they fell.

Section 7 of the Ontario Regulation 246/22 defines neglect as the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

Staff failed to assess and address the residents pain, communicate with the their physician and SDM, and ensure that diagnostic imaging was completed in a timely manner following their fall, jeopardizing the residents health and safety.

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Sources:

Clinical records for a resident, a complaint letter, and interviews with a PSW the DOC and other staff.

B) The licensee has failed to ensure that a resident was protected from abuse by a staff member.

Ontario Regulation 246/22 defines physical abuse as, the use of physical force by anyone other than a resident that causes physical injury or pain and “verbal abuse” means,

(a) any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident,

The home substantiated that when a resident exhibited responsive behaviours they were abused by a staff member.

Sources:

Investigation notes, Policy titled “Zero Tolerance of Abuse and Neglect of Residents Policy and interviews with a RN, The Director of Care (DOC) and Executive Director (ED).

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This order must be complied with by

December 8, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

In the past 36 months, there was:

A Compliance order issued on June 17, 2025 to s. 24 (1) during Inspection #2025-1004-0006

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A Written Notification issued on February 26, 2025 to s. 24 (1) during Inspection
#2025-1004-0001

A Written Notification issued on June 26, 2024 to s. 24 (1) during inspection #2024-
1004-0005

A Written Notification issued on March 20, 2024 to s. 24 (1) during inspection #2024-
1004-0001

An Immediate Compliance Order issued on February 29, 2024 to s. 24 (1) during
inspection #2024-1004-0001

This is the first AMP that has been issued to the licensee for failing to comply with
this requirement.

Invoice with payment information will be provided under a separate mailing after
service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by
the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services
(PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the
licensee is attesting to using funds outside a resident-care funding envelope to pay
the AMP.

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act,
2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30

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days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

F/U #002 was completed for CO #001/ 2025_1004_0004 related to O Reg 246/22 s.93 (2) (b) (ii)

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

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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

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e-mail: MLTC.AppealsCoordinator@ontario.ca

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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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

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.