

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: January 12, 2026

Inspection Number: 2026-1004-0001

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): January 6, 7, 8, 9, 12, 2026

The following intake(s) were inspected:

- Intake: #00161538 - Follow-up #: 1/ CO#002-Inspection 2025-1004-0010 -FLTCA, 2021 - s. 24 (1) Duty to Protect Compliance Due Date (CDD): December 8, 2025
- Intake: #00161539 - Follow-up #: 1/ CO #001- Inspection 2025-1004-0010- O. Reg. 246/22 - s. 40 Transferring and Positioning CDD: November 17, 2025
- Intake: #00162962 - a complaint related to resident care.
- Intake: #00164776 - 0907-000043-25 related to a fall.

Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2025-1004-0010 related to FLTCA, 2021, s. 24 (1)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2025-1004-0010 related to O. Reg. 246/22, s. 40

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Staffing, Training and Care Standards
- Falls Prevention and Management
- Resident Charges and Trust Accounts

INSPECTION RESULTS

WRITTEN NOTIFICATION: Integration of assessments, care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

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A resident fell on multiple occasions. Assessments completed by different staff members of the home, related to the resident's care were not consistent and did not complement each other. The Resident Assessment Instrument (RAI) Coordinator acknowledged that collaboration did not occur when assessing the resident.

Sources: Resident electronic medical records; interviews with Clinical Coordinator, Registered Physiotherapist and RAI Coordinator.

WRITTEN NOTIFICATION: Reporting and Complaints

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

When the licensee received a written complaint concerning the care of a resident, they did not immediately report the concerns to the Director.

Sources: Review of complaint submitted to the Ministry of Long-Term Care, interview with Director of Care (DOC).

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WRITTEN NOTIFICATION: Licensee must comply

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee did not comply with Compliance Order (CO) #001 from inspection #2025-1004-0010, served October 31, 2025, with a compliance due date (CDD) of November 17, 2025.

Part one of CO #001 stated that the licensee was to 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 was completed. Part three of CO #001 stated that the home was to maintain a documented record of all audits completed.

Between the CDD of November 17, 2025 and the start of the follow up inspection on January 6, 2026, seven weeks of audits should have been completed and documented. On four of seven weeks, less than five audits were documented per week. Furthermore, on three of seven weeks, audits were not completed on both the day and afternoon shifts.

The Director of Care stated that they were aware that the minimum of five audits per week had not been completed as required by CO #001.

Sources: "Focused Audit- Safe Lifting and Transfers" and interviews with the DOC

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and other staff

An Administrative Monetary Penalty (AMP) is being issued on this written notification 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 Written Notification NC #003

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, 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 an order under s. 155 of the Act.

Compliance History:

In the past 36 months, a CO under O. Reg 246/22, s. 40 was issued (#2025-1004-0010) on October 31, 2025 and was not complied.

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

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licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

Staff did not comply with the home's "Medication Administration and Documentation" policy, last reviewed July 30, 2025.

A complaint was received by the Director related to care concerns for a resident related to medication administration. Review of the clinical records for the resident indicated that the home was not compliant with their Medication Administration and Documentation policy several times, which impacted the resident.

Sources: Review of resident clinical records, review of Medication Administration and Documentation" policy, last reviewed July 30, 2025, and interview with the Director of Care.