

**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 14, 2025

**Inspection Number:** 2025-1178-0005

**Inspection Type:**

Follow up

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

**Long Term Care Home and City:** Bear Creek Terrace, Petrolia

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 13, 2025

A follow up inspection was conducted for Compliance Order #001 from inspection #2024-1178-0003 regarding s. 96 (1) (b), Maintenance services under O. Reg. 246/22 with a compliance due date of October 31, 2024.

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1178-0003 related to O. Reg. 246/22, s. 96 (1) (b)

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

Housekeeping, Laundry and Maintenance Services

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Licensee to comply

NC #001 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 has failed to comply with the conditions of Compliance Order (CO) #001 from inspection #2024-1178-0003 related to maintenance services under s. 96 (1) (b) of O. Regulation 246/22, served on August 12, 2024, with a compliance due date of October 31, 2024.

The following components of the order were not compliant;

1. Develop written preventive maintenance procedures that are home-specific to Bear Creek Terrace for furnishings, fixtures, equipment, operational systems (hot water and potable water supply, cooling, heating, ventilation, resident staff communication and response system, fire safety systems, lighting, drainage, door access control systems), and surfaces (roof, doors, walls, floors, windows, ceilings).
2. Include in each procedure a minimum of the following information:
  - a) Who is responsible for monitoring the equipment, surface, fixture, furniture, surfaces, or system (whether home staff or an external service provider) and how often;
  - b) What forms or checklists are to be completed to assist with any monitoring task
  - c) What the staff member is required to do, observe or test based on their skill level and manufacturer's requirements;

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- d) The required or acceptable condition of the equipment, surface, fixture, furniture, or system (derived from the manufacturer, prevailing or best practices, building, electrical & fire code requirements, CSA standards, etc.);
- e) Follow up requirements if an unacceptable condition is identified and any documentation requirements;
- f) Acceptable time frames, based on risk, for repair or replacement; and
- g) Any additional tasks as required to maintain the fixture, surface, equipment, system, and furniture in a good state of repair.

The licensee has failed to ensure that as part of the organized program of maintenance services under clause 19 (1) (c) of the Act, that procedures were in place for routine, preventive and remedial maintenance.

Although the licensee had developed some maintenance related procedures for the home and some of the equipment, they were not site or home specific and many were not developed. A resident-staff communication and response procedure that was developed was not home specific and did not address the portable phones that staff use. Procedures not developed included maintenance of the home's exterior, including the roof, and the home's interior including but not limited to lighting, furnishings, stand alone heating and cooling equipment, ventilation systems (specifically exhaust), door access control systems, flooring, doors, walls, ceilings, and windows.

**Sources:** Interview with the Facility Services Manager, Administrator and interim Environmental Services Manager, review of existing maintenance policies and procedures.

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**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 #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$2200.00, 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, non-compliance was issued with s. 96 (1) (b) of O. Regulation 246/22, resulting in Compliance Order (CO) #001 in inspection #2024-1178-0003 issued on August 12, 2024 and CO #001, in inspection #2024-1178-0005 issued on January 27, 2025.

This is the second 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.

## 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 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.

Follow up #2: CO#001/2024-1178-0003, O. Reg. 246/22, s. 96 (1)(b), Maintenance services, CDD October 31, 2024.

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.