

**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:** July 14, 2025

**Inspection Number:** 2025-1178-0006

**Inspection Type:**

Critical Incident

**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): July 7, 8, 9, 10, 11, 14, 2025

The following intake(s) were inspected:

- Intake: #00145302 Critical Incident System Report (CIS) #2673-000022-25 - related to the improper administration of drugs.
- Intake: #00146896 CIS #2673-000025-25 - related to alleged improper/Incompetent treatment or care of a residents.
- Intake: #00147974 CIS #2673-000028-25 - related to fall with injury.

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

Contenance Care  
Skin and Wound Prevention and Management  
Medication Management  
Falls Prevention and Management

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## 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) (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 failed to provide clear direction in the care plans of five residents.

A) Care plans provided direction to follow specific plans in the care plans of three residents. The home was not able to define what the specific plans of each resident entailed and failed to produce a written plan describing the specific needs of the residents.

In an interview, a Personal Support Worker (PSW) also alluded to specific needs for a resident that were not clear in their care plan.

Sources: care plans of residents and staff interviews.

B) A record review of a resident's Plan of Care revealed that the resident had an incident which led to a change in condition resulting in the need for a change of sizing of specific medical equipment. The plan of care was noted to list the previous size used prior to the change in condition as well as the size required post change in condition.

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Sources: Record review of a resident's clinical records, an interview with the Executive Director.

**WRITTEN NOTIFICATION: Duty of Licensee to comply with plan**

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan.

A record review of a resident's plan of care revealed that the resident required the use of specific medical equipment and experienced an incident where it was noted that the resident did not have the medical equipment in place.

Sources: Record review of a resident's clinical records, an interview with the Executive Director.

**WRITTEN NOTIFICATION: Skin and wound care**

NC #003 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,

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

The licensee failed to ensure that a resident's wound was reassessed at least weekly.

A record review of a resident's clinical record showed that the resident had impaired skin integrity and weekly wound assessments had not been completed for three required assessments.

Sources: Record review of skin and wound assessments for a resident's, an interview with the skin and wound lead.

## **COMPLIANCE ORDER CO #001 Administration of drugs**

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

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

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

Specifically the licensee must:

-Develop and implement audits of any medication administration pass completed by three specific Registered Staff to ensure that all required medications were administered.

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- Record all audits including the name and title of the person conducting the audit, the date and time of the audit, the date and time of the medication pass, the Registered Staff being audited, any discrepancies identified and any remedial actions taken.
- Audits are to continue until such time that an Inspector deems to home to be in compliance with this order.
- Keep the documented audits onsite and accessible.

**Grounds**

The licensee has failed to ensure that drugs were administered to 11 resident's in accordance with the directions for use specified by the prescriber

Review of the the residents' records and the home's investigation files showed that on a specific date 11 residents did not receive prescribed medication at a specific time.

During an interview with the Executive Director they acknowledged that medications were not administered as prescribed.

Sources: Resident records, the homes investigation package and staff interviews.

**This order must be complied with by** August 1, 2025

**COMPLIANCE ORDER CO #002 Resident records**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 274 (b)**

Resident records

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s. 274. Every licensee of a long-term care home shall ensure that,  
(b) the resident's written record is kept up to date at all times.

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

Specifically the licensee must:

- Develop and implement audits of any medication administration pass completed by three specific Registered Nurse's to ensure that all required medication documentation was completed.
- Record all audits including the name and title of the person conducting the audit, the date and time of the audit, the date and time of the medication pass, the Registered Staff being audited, any discrepancies identified and any remedial actions taken.
- Audits are to continue until such time that an Inspector deems to home to be in compliance with this order.
- Keep the documented audits onsite and accessible.

**Grounds**

The licensee has failed to ensure that eight resident's records were kept up to date.

Review of the resident's records and the home's investigation files showed that on a specific date, the residents were administered medications and the medications were not signed for and in one case the medications were signed for but not administered.

The Executive Director acknowledged that the resident's records were not kept up to date.

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Sources: Resident records, home investigation files and interviews.

**This order must be complied with by** August 1, 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3



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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).