

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: February 12, 2026

Inspection Number: 2026-1319-0001

Inspection Type:

Proactive Compliance Inspection

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

Long Term Care Home and City: Forest Hill, Kanata

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 3, 4, 5, 6, 9, 10, 11, and 12, 2026

The following intake(s) were inspected:

- Intake: #00169501 - Proactive compliance inspection.

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

Skin and Wound Prevention and Management
Safe and Secure Home
Infection Prevention and Control

INSPECTION RESULTS

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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) (a)

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,
(a) the planned care for the resident;

On two specific dates in the month of February, 2026, an identified resident was observed using an assistive device which had not been added to the written plan of care for the resident.

Sources: observation's, an identified resident's electronic health record, and interviews with staff and SDM.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee did not ensure a non-residential area door was locked. Specifically, on a date in the month of February, 2026, when a non-residential area door was

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observed to be unlocked.

Sources: observations, and an interview with a staff member.

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,

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

The skin impairments of identified residents' were not reassessed at least weekly. When reassessments of an identified resident's skin impairments were not completed on five specific dates in the months of November and December, 2025, and January and February 2026. And another identified resident with impaired skin integrity, reassessments were not completed on three specific dates in the month of December 2025, as confirmed by the Director of Care (DOC).

Source: resident electronic health record and interviews with the DOC.