Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: May 14, 2025
Inspection Number: 2025-1202-0003
Inspection Type: Critical Incident
Licensee: Omni Quality Living (East) Limited Partnership by its general partner, Omni Quality Living (East) GP Ltd.
Long Term Care Home and City: Frost Manor, Lindsay

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 5 to 8, 2025.
The inspection occurred offsite on the following date(s): May 12, 2025.

The following intake(s) were inspected:

- Intake #00138249 - related to the failure of the fire sprinkler system.
- Intakes #00145130 and #00145698 - related to resident-to-resident altercations.

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

Infection Prevention and Control
Safe and Secure Home
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
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:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee failed to ensure that it was immediately reported to the Director when a resident was pushed by a co-resident, causing the resident to fall.

An RN confirmed they did not report it to the Ministry right away when the resident was pushed by a co-resident and fell. The CI report was submitted by the Administrator three days later.

Sources: Clinical records for residents, CI report, interview with staff.

WRITTEN NOTIFICATION: Responsive behaviours

NC #002 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, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee failed to ensure that the Data Collection Sheets for the Behaviour Supports

Ontario (BSO) - Dementia Observation System (DOS) records for a resident were fully completed.

Critical Incident reports were submitted to the Director noting two incidents of resident-to-resident physical aggression, five days apart. The DOS records that were initiated for one of the residents following each of the incidents were found to be incomplete, with documentation missing for seven and nine hours at a time. The BSO RN confirmed the DOS records were incomplete and indicated that having incomplete DOS records had been an ongoing challenge in the LTC home.

Sources: Resident's clinical records, interview with staff.

WRITTEN NOTIFICATION: Website

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 271 (1) (f)
Website
s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(f) the current version of the emergency plans for the home as provided for in section 268;

The licensee failed to ensure that the Fire Safety Plan was included in the Emergency Preparedness Plan that was posted on the LTC home's website.

Pursuant to O. Reg. 246/22 s. 268 (4) 1. ii. The licensee shall ensure that the emergency plans provide for dealing with emergencies, including, without being limited to, fires.

Review of the Emergency Preparedness Plan posted on the LTC home's website identified that the reader must contact the Administrator of the home to obtain access to the Fire Safety Plan. The LTC home's Administrator acknowledged the Fire Safety Plan was not on the home's website and indicated it was available in writing in the home.

Sources: LTC home's website, interview with Administrator.

WRITTEN NOTIFICATION: Construction, renovation, etc., of homes

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 356 (3) 2.
Construction, renovation, etc., of homes
s. 356 (3) A licensee may not commence any of the following work without first receiving the approval of the Director:
2. Other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents.

The license failed to receive approval from the Director, prior to work commencing to install a new fire sprinkler system.

A CI was submitted to the Director reporting the failure/breakdown of the LTC home's fire sprinkler system. The installation of the new sprinkler system was in progress at the time of the inspection and the Maintenance Plan application for installation of the replacement sprinkler system had not yet been submitted to the Ministry. An approval from Capital Development had not been received.

Sources: Observations of home areas, email communications, Maintenance Plan application.

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