



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des Soins
de longue durée**

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**
**Division des foyers de soins de
longue durée**
Inspection de soins de longue durée

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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 1, 2019	2019_559142_0002	016928-17, 022150- 17, 023801-17, 024469-17, 029441- 17, 004470-18, 020711-18, 033105-18	Critical Incident System

Licensee/Titulaire de permis

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

Long-Term Care Home/Foyer de soins de longue durée

Garden Terrace
100 Aird Place KANATA ON K2L 4H8

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JANET MCPARLAND (142)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 16th-18th and 21st-25th 2019.

The following intakes were inspected during this Critical Incident System inspection:

- Log #023801-17 (CIR #2882-000050-17) and #020711-18 (CIR #2882-000021-18) related to alleged staff to resident neglect/abuse
- Log #024469-17 (CIR# 2882-000051-17) , #029441-17 (CIR #2882-000061-17) and #016928-17 (CIR #2882-000037-17) related to resident to resident alleged abuse,
- Log #022150-17 (CIR #2882-000043-17) and #004470-18 (CIR #2882-000007-18) related to incident that causes an injury to a resident for which the resident is taken to hospital
- Log #033105-18 (CIR #2882-000031-18) related to missing resident

During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSWs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), the Directors of Care (DOCs), and the Administrator.

The inspector also observed the provision of resident care and services, reviewed resident health care records and Licensee incident investigation notes.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Hospitalization and Change in Condition

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

During the course of this inspection, Non-Compliances were not issued.

- 0 WN(s)**
- 0 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD).

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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Issued on this 1st day of February, 2019

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.