

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: June 18, 2025

Inspection Number: 2025-1002-0003

Inspection Type:

Complaint

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: Kentwood Park, Picton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 9-13, 16-18, 2025

The following intake(s) were inspected:

- Intake: #00148457 - CI #0893-000014-25 - Alleged staff to resident abuse/neglect of a resident
- Intake: #00148528 - Complaint related to resident care
- Intake: #00148699 - CI #0893-000015-25- Hypoglycemia of a resident
- Intake: #00149175 - CI# 0893-000016-25 - Unexpected death of a resident

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Prevention of Abuse and Neglect
Pain Management
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Involvement of resident, etc.

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that a resident's substitute decision-maker (SDM) were given an opportunity to participate fully in the development and implementation of the resident's plan of care.

A resident's SDM was not informed when the resident had changes to their plan of care on three separate dates in May, 2025.

Sources: A resident's progress notes in PointClickCare (PCC), and interviews with a Registered Nurse (RN), Physiotherapist and the Executive Director.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #002 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

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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 has failed to ensure that a person who has reasonable grounds to suspect that 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 a resident was immediately reported to the Director.

The management team was made aware of the alleged incident on a day in May 2025, and this was submitted as alleged abuse/neglect to the Director the next day.

Sources: Review of Critical Incident Report, and an interview with the Executive Director.

WRITTEN NOTIFICATION: Required programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The licensee has failed to comply with the licensee's Skin Assessment policy for a resident.

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In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that their written policy related to skin and wound care is complied with.

Specifically, the licensee's Skin Assessment policy indicated that the results of findings for skin breakdown will be reported to the registered staff promptly for the documentation of the assessment in the Skin and Wound application on a mobile iPad device or PC. A resident had documented skin alterations on two separate dates in May, 2025. This policy was not complied with when a resident's assessments for the skin alterations using the skin and wound application were first completed seven days later.

Sources: A resident's progress notes and wound assessments on PCC, the licensee's Skin Assessment policy #OTP-HLHS-3.3, reviewed on May 23, 2024, the home's investigation notes, and interviews with an RN and the Executive Director.

WRITTEN NOTIFICATION: Required programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee has failed to comply with the licensee's Pain Management policy for a resident.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee is required to ensure that their written policy related to pain management is complied with.

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Specifically, the licensee's Pain Management policy indicated that nursing would make a referral to interdisciplinary team members for a resident with a change in condition with the onset of pain. A resident had a change in condition with pain on multiple dates in May, 2025. This policy was not complied with when the first physiotherapy referral for the resident's change of status was sent ten days later.

Sources: A resident's progress notes and physiotherapy referrals on PCC, the licensee's Pain Management policy #OTP-PM-5.1, reviewed July 9, 2024, and an interview with a Registered Practical Nurse (RPN), an RN, Physiotherapist, and the Executive Director.

COMPLIANCE ORDER CO #001 Plan of care

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

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

The licensee shall:

1. Establish a written plan that clearly outlines how changes of a resident's transfer status will be communicated to all direct care staff. This plan shall include who updates the written plan of care/Kardex/logo when a transfer status is changed.
2. Provide education to all PSW's on how to identify updates in a resident's plan of care when there is a change in a resident's transfer status.

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3. Maintain documentation of the education, including the names of the staff, their designation, and the date the training was provided.

Grounds

The licensee has failed to ensure that there was a written plan of care for a resident that set out clear directions to staff and others who provide direct care to the resident.

On a day in May 2025, a resident required a transfer, at which time the resident was transferred by PSW's using a two person pivot transfer. At the time of the incident, the resident's written plan of care and transfer logo in their room indicated they were to be transferred using a mechanical sit to stand lift.

The most recent physiotherapy assessment indicated the resident was assessed as a two person pivot transfer. Two PSW's indicated that at the time of the incident, the resident's transfer status was a two person pivot. An RPN and an RN indicated that at the time of the incident, the resident was to be transferred using a sit to stand lift. An RN indicated that the resident was last assessed by physiotherapy for a two person pivot, and they were unsure why their care plan indicated they were transferred using a sit to stand mechanical lift.

The Executive Director stated that through their investigation, the staff transferring the resident thought they were a two person pivot transfer. The Executive Director stated there was no follow-up with the physiotherapist's assessment, and there was no clear direction to staff on the resident's transfer status.

On a day in May, 2025, the resident was experiencing pain and nine days later was diagnosed with a fracture.

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Sources: A resident's care plan and physiotherapy assessment on PCC, the home's investigation notes, and interviews with PSW's, an RPN, RN's, Physiotherapist, and the Executive Director.

This order must be complied with by July 30, 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, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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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:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Director

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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.