

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: August 26, 2025

Inspection Number: 2025-1002-0004

Inspection Type:

Critical Incident
Follow up

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): August 13-15, 18-19, 21, 25-26, 2025

The following intake(s) were inspected:

- Intake: #00150386 - Follow-up #1 - CO #001 /2025-1002-0003, FLTCA, 2021 - s. 6 (1) (c)- CDD July 30, 2025
- Intake: #00152264 - CIR #0893-000018-25 - Alleged staff to resident abuse.
- Intake: #00154590 - CIR #0893-000019-25 - Alleged resident to resident abuse.
- Intake: #00154628 - CIR #0893-000020-25 - Alleged Improper/Incompetent care of a resident.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

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Order #001 from Inspection #2025-1002-0003 related to FLTCA, 2021, s. 6 (1) (c)

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

- Responsive Behaviours
- Prevention of Abuse and Neglect
- Reporting and Complaints
- Falls Prevention and Management

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) (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;

The licensee has failed to ensure that a resident's written plan of care set out a specified care intervention in relation to a specified responsive behaviour.

Sources: A review of the resident's care plan, Kardex, progress notes, dashboard and Medication Administration Record (MAR) in point click care, and interviews with a Registered Practical Nurse (RPN), the Executive Director (ED) and Director of Care (DOC).

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WRITTEN NOTIFICATION: Complaints procedure — licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure that a written complaint submitted to the home on a specified date in June 2025, regarding the care of a resident was immediately forwarded to the Director.

Sources: An interview with the ED, a review of Critical Incident Report (CIR), and the written complaint.

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,
 - i. the Ministry's toll-free telephone number for making complaints about homes and

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its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure that the Ministry's toll-free telephone number for making complaints about homes and its hours of service, and the contact information for the patient ombudsman under the Excellent Care for All Act, 2010, was provided in the response to a written complaint made regarding a resident on a specified date in June, 2025.

Sources: Interview with ED #101 and a review of the written complaint and response letter.

WRITTEN NOTIFICATION: Licensees who report investigations under s. 27 (2) of Act

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

Non-compliance with: O. Reg. 246/22, s. 112 (3)

Licensees who report investigations under s. 27 (2) of Act

s. 112 (3) If not everything required under subsection (1) can be provided in a report within 10 days, the licensee shall make a preliminary report to the Director within 10 days and provide a final report to the Director within a period of time specified by the Director.

The licensee has failed to provide a final report to the Director within twenty-one days time, as specified by the Director. On a specified date in July, 2025, a critical incident was submitted to report an alleged incident of staff to resident abuse which occurred on a specified date in July, 2025. The final report was provided to the Director on a specified date in August, 2025.

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Sources: A review of the CIR, the Home's Investigation Closing Letter, and an interview with the ED.