

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: May 2, 2025

Inspection Number: 2025-1213-0002

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: Maplewood, Brighton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 28-30, 2025 and May 1, 2025.

The following intake(s) were inspected:

- Intake: #00140112 - CI #2717-000004-25 - Alleged staff to resident abuse.

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

Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

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Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to protect resident #002 from abuse.

"Physical abuse" means the use of physical force by anyone other than a resident that causes physical injury or pain.

Specifically, on February 15th, 2025, RN #102 directed two PSWs to apply force, and restrain the resident during a catheter insertion. Resident #002 was noted to be in distress during this procedure, and expressing pain.

Sources: Sources: Resident #002's clinical records, Zero Tolerance of Abuse and Neglect of Residents Policy #OP-AM-6.9; CI # 2717-000004-25; LTCHs internal investigation folder; interviews with RN #102, PSW #106, PSW #105, and Administrator

WRITTEN NOTIFICATION: Police record checks

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

Non-compliance with: FLTCA, 2021, s. 81 (2)

Screening measures

s. 81 (2) The screening measures shall include police record checks, unless the person being screened is under 18 years of age.

The licensee has failed to ensure that a Police record check was conducted for PSW #104 and PSW #106, prior to hiring them.

Sources: Review of employee files for PSW #104 and PSW #106; interview with

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Administrator #101

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee has failed to ensure that strategies were developed and implemented to respond to resident #002's responsive behaviours. Specifically, interviews with several staff member indicated resident #002 refuses care. Resident #002's written plan of care, did not include strategies to mitigate resident #002's refusal of care.

Sources: Review of resident #002's clinical records; LTCHs internal investigation folder; Interviews with PSW #105, PSW #106, RN #102 and RAI Coordinator #107

WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee has failed to ensure that their written policy related to medication

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management was complied with. Specifically, registered staff did not complete Medication Administration Record (MAR) documentation, following the administration of injectable Haloperidol on February 15, 2025 for resident #002.

Sources: Review of resident #002's clinical records; review of CareRx Administration of Injectable Medications Policy #5.10; Interview with RN #102

COMPLIANCE ORDER CO #001 Policy to promote zero tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

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

Specifically, the licensee must:

1. Conduct in person education on the policy to promote zero tolerance of abuse and neglect of residents, with all direct care staff.
2. Develop and implement a process for ensuring that when abuse or neglect is reported, that it is reported immediately, and corrective actions are issued to each staff member involved with the abuse.
3. Maintain a written record of the requirements under (1) and (2). Documentation of education shall include the names of the staff, their designation, and date training was provided.

Grounds

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The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents, was complied with.

The Zero Tolerance of Abuse and Neglect of Residents Policy defines the following: "Physical abuse" means the use of physical force by anyone other than a resident that causes physical injury or pain.

"Power Imbalance" occurs when the health care professional sends the message that they know what is best for the person receiving the care and ignore or lose sight of person's values beliefs and perspectives. This is considered an abuse of power.

An incident occurred on February 15th, 2025, during a catheter insertion for resident #002. RN #102 directed PSW #103 and PSW #104 to use physical force to hold down resident #102, during the insertion. Resident #102 was confirmed by several staff members to be calling out in distress, using the words "Ow", "Stop", "No" and "that hurts". Despite resident refusing the treatment, RN #102 continued to proceed, and stated in an interview they felt continuing with the procedure was in the the best interest of the resident. This incident was not reported to the charge nurse, until February 16th, 2025; one day after the incident.

Sources: Resident #002's clinical records, Zero Tolerance of Abuse and Neglect of Residents Policy #OP-AM-6.9; CI # 2717-000004-25; LTCHs internal investigation folder; interviews with RN #102, PSW #106, PSW #105, and Administrator

This order must be complied with by June 13, 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.