

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: September 17, 2025

Inspection Number: 2025-1167-0002

Inspection Type:

Complaint

Licensee: Maryban Holdings Ltd.

Long Term Care Home and City: Oakwood Park Lodge, Niagara Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 11-12, 15-17, 2025

The following intake(s) were inspected:

-Intake #00156507 - Complaint related to staffing.

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

Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (12) 4.

Infection prevention and control program

s. 102 (12) The licensee shall ensure that the following immunization and screening measures are in place:

4. Staff is screened for tuberculosis (TB) and other infectious diseases in accordance with any standard or protocol issued by the Director under subsection (2).

The licensee has failed to ensure that a staff member was screened for TB in accordance with any standard or directive issued by the Director.

The Infection Prevention and Control (IPAC) standard for Long Term Care Homes dated April 2022 indicated under requirement 11.2 that staff were to be screened for TB in accordance with evidence-based practices and where there were none, in accordance with prevailing practices.

Review of the home's policy indicated staff were to have a TB record confirming a negative TB test result completed within a year prior to their hire. A staff member was hired on an identified date and there was no record of a negative TB test in their file until two years later.

Sources: the IPAC standard for Long Term Care Homes, dated April 2022, a staff's Human Resources (HR) file, the home's policy, a resident's clinical record, interview with the Administrator and Director of Care (DOC).

WRITTEN NOTIFICATION: Exceptions

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

Non-compliance with: O. Reg. 246/22, s. 254 (4)

Exceptions

s. 254 (4) If a staff member is hired or a volunteer is accepted during a pandemic and no police record check that complies with subsections 252 (2) and (3) was provided to the licensee, the licensee shall ensure that a such police record check is provided to the licensee within three months after the staff member was hired or the volunteer was accepted, and the licensee shall keep the results of the record check in accordance with the requirements in section 278 or 279 as applicable.

A) The licensee has failed to ensure that a police record check was provided within three months of a staff member being hired to work in the home. A staff was hired on an identified date through an agency that had a contract with the home. Their police check was dated 18 months prior which did not meet the requirements of subsections 252 (2) and (3) and they did not provide one within three months of being hired.

Sources: a staff's HR file, interview with the Administrator and DOC.

B) The licensee has failed to ensure that a police record check was provided within three months of a staff member being hired to work in the home. A staff was hired on an identified date through an agency that had a contract with the home. Their police check was dated eight months prior which did not meet the requirements of subsections 252 (2) and (3) and they did not provide one within three months of being hired.

Sources: a staff's HR file, interview with the Administrator and DOC.

WRITTEN NOTIFICATION: Training and Orientation Program

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

Non-compliance with: O. Reg. 246/22, s. 257 (1)

Training and orientation program

s. 257 (1) Every licensee of a long-term care home shall ensure that a training and orientation program for the home is developed and implemented to provide the training and orientation required under sections 82 and 83 of the Act.

The licensee has failed to comply with the home's training and orientation program when the home did not keep orientation training records for five staff.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that a training and orientation program is developed and implemented in the home to provide the training and orientation required under sections 82 and 83 of the Act.

Specifically, the home's policy indicated that they were to track completion of all required education and maintain records of attendance.

Sources: The home's policy, staff HR files, interview with the Administrator and DOC.