

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: February 4, 2026

Inspection Number: 2026-1167-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: Maryban Holdings Ltd.

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

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 27-30, and February 2-4, 2026.

The following intake was inspected:

-Intake: #00168611 (Proactive Compliance Inspection)

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

Food, Nutrition and Hydration
Infection Prevention and Control
Restraints/Personal Assistance Services Devices (PASD) Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to Minimize Restraining of Residents

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

Non-compliance with: FLTCA, 2021, s. 33 (1) (b)

Policy to minimize restraining of residents, etc.

s. 33 (1) Every licensee of a long-term care home,
(b) shall ensure that the policy is complied with.

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The home's procedure titled "Guidelines for Physical Restraints & Personal Assistive Service Devices (PASDs)" requires the home to complete a reassessment to determine if a physical restraint is still required on a quarterly basis. A resident had a restraint in place but had not had a restraint reassessment as required.

Sources: Restraint and PASD Use Policy (CARE11-P10), Guidelines for Physical Restraints & PASDs Procedure (CARE 11-P10.01), resident's clinical records, interview with staff.

WRITTEN NOTIFICATION: When a PASD May Be Used

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

Non-compliance with: FLTCA, 2021, s. 36 (3)

PASDs that limit or inhibit movement

s. 36 (3) Every licensee of a long-term care home shall ensure that a PASD described in subsection (1) is used to assist a resident with a routine activity of living only if the use of the PASD is included in the resident's plan of care.

A resident had an order for a PASD, however the PASD was not documented in the resident's care plan or tasks.

Sources: Resident's clinical record, interview with staff.

WRITTEN NOTIFICATION: Food production

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

Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(f) communication to residents and staff of any menu substitutions; and

White toast was substituted for a dinner roll and coleslaw was substituted for Prince Edward vegetables at a lunch meal. There was no communication of the menu substitutions to residents.

Sources: Observations, production sheet, interview with staff.

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WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

Staff failed to don a gown when providing personal care to a resident, who required additional precautions.

Sources: Observations, IPAC Standard for Long-Term Care Homes dated April 2022 (revised September 2023), resident's clinical record, interview with staff.

WRITTEN NOTIFICATION: Requirements Relating to Restraining by a Physical Device

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 119 (2) 4.

Requirements relating to restraining by a physical device

s. 119 (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 35 of the Act:

4. That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition themselves.)

A resident was not released from their restraint at least once in a two hour period.

Sources: Observations, interview with staff.

WRITTEN NOTIFICATION: Requirements Related to Restraining by a Physical Device

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 119 (7) 5.

Requirements relating to restraining by a physical device

s. 119 (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

5. The person who applied the device and the time of application.

A resident had a restraint in place and there was no documentation of the person who applied the device and the time of application until approximately two months after the restraint was initiated.

Sources: Resident's clinical record, interview with staff.

**WRITTEN NOTIFICATION: Requirements Related to Restraining
by a Physical Device**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 119 (7) 7.

Requirements relating to restraining by a physical device

s. 119 (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

7. Every release of the device and all repositioning.

A resident had a restraint in place and there was no documentation of every release of the device and all repositioning until approximately two months after the restraint was initiated.

Sources: Resident's clinical record, interview with staff.

WRITTEN NOTIFICATION: Evaluation

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 122 (a)

Evaluation

s. 122. Every licensee of a long-term care home shall ensure,

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(a) that an analysis of the restraining of residents by use of a physical device under section 35 of the Act or pursuant to the common law duty referred to in section 39 of the Act is undertaken on a monthly basis;

The analysis of the restraining of residents by use of a physical device was not completed for three out of the last six months.

Sources: Restraint and PASD- Monthly Tracking Form, interview with staff.