

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspection Branch

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: June 29, 2023	
Inspection Number: 2023-1252-0003	
Inspection Type: Complaint Follow up Critical Incident System	
Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partn	
Long Term Care Home and City: Pleasant Meadow Manor, Norwood	
Lead Inspector Chantal Lafreniere (194)	Inspector Digital Signature
Additional Inspector(s) Sheri Williams (741748) Karin Mussart (145)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 19 - 23, and June 26 -27, 2023

The following intake(s) were inspected:

- Follow-up #1- CO #001/2022_1252_0002 - O.Reg. 246/22 - s. 78 (7) (a)
- Follow-up #1- CO #002/2022_1252_0002 - O.Reg. 246/22 - s. 18 (1) (a)
- Follow-up #1- CO #003/2022_1252_0002 - LTCHA, 2007 S.O. 2007, c.8 - s. 6 (7)
- Follow-up #1- CO #004/2022_1252_0002 - O.Reg. 246/22 - s. 102 (8)
- Follow-up #1- CO #005/2022_1252_0002 - O.Reg. 246/22 - s. 102 (2) (b)
- Intake: #00018556 - Follow-up #1-CO #006/2022_1252_0002 - FLTCA, 2021 - s. 184 (3)
- Follow-up #1- CO #007/2022_1252_0002 - FLTCA, 2021 - s. 25 (1)
- Follow-up #1- CO #008/2022_1252_0002 - FLTCA, 2021 - s. 28 (1) 2
- A Critical Incident related to an unexpected death of resident
- A Critical Incident related to resident to resident responsive behaviours
- A complaint related to food, hydration, and nutrition

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Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2022-1252-0002 related to O. Reg. 246/22, s. 78 (7) (a)
Order #002 from Inspection #2022-1252-0002 related to O. Reg. 246/22, s. 18 (1) (a)
Order #003 from Inspection #2022-1252-0002 related to LTCHA, 2007 S.O. 2007, c.8, s. 6 (7)
Order #004 from Inspection #2022-1252-0002 related to O. Reg. 246/22, s. 102 (8)
Order #005 from Inspection #2022-1252-0002 related to O. Reg. 246/22, s. 102 (2) (b)
Order #006 from Inspection #2022-1252-0002 related to FLTCA, 2021, s. 184 (3)
Order #007 from Inspection #2022-1252-0002 related to FLTCA, 2021, s. 25 (1)
Order #008 from Inspection #2022-1252-0002 related to FLTCA, 2021, s. 28 (1) 2

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: DOORS IN HOME

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

The licensee failed to ensure that doors leading to non-resident areas were kept closed and locked to prevent unrestricted access to residents.

Rationale and Summary

On two days during the inspection the home's Electrical room beside the kitchen was observed propped

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open and unlocked with no staff in the vicinity to supervise it. A sign was observed posted on the door stating to please keep door closed at all times and please do not prop this door open.

Nutritional Care Manager and the Director of Care confirmed during separate interviews that the electrical room was not a resident space and the door to this room should be locked when unattended.

Failing to ensure doors leading to non-resident areas are kept closed and locks posed a safety risk to residents.

Sources:

Observations, Interviews with Nutritional Care Manager and Director of Care.
[741748]



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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