

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

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

Public Report

Report Issue Date: December 23, 2025

Inspection Number: 2025-1252-0008

Inspection Type:

Complaint
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: Pleasant Meadow Manor, Norwood

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 16-18, 22,23, 2025.

The inspection occurred offsite on the following date(s): December 19, 2025.

The following intake(s) were inspected

- An intake regarding a fall with a significant change in condition.
- An intake regarding improper care of a resident.
- An intake regarding a complaint related to fall management and allegations of neglect.
- An intake regarding a fall with a significant change in condition.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Reporting and Complaints
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

A Personal Support Worker (PSW) reported that a device was used when the resident indicated they had pain. The device was not part of the resident's care plan. The Registered Practical Nurse (RPN) confirmed the PSW did not collaborate with them when they applied the device until later that day when the resident had a injury from the device.

Sources: CIR (Critical Incident Report), the resident's clinical records, interview with staff.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

Both the resident's SDM's were to be called when the resident had a change in condition. Only one SDM was called to participate in the resident's plan of care.

Sources: The resident's clinical records, interviews with staff.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (8)

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

Documentation indicated that a meeting was held with the resident's substitute decision makers (SDM)'s and the multidisciplinary team. The plan of care was updated. The Acting DOC/Quality Assurance staff confirmed that staff did not have convenient access to the residents plan of care when the care plan was not updated to reflect the changes discussed in the meeting.

Sources: Observation, Resident Falls and Post Fall Assessment, the resident's clinical records, interviews with staff.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The Physician was called by the RN after a resident sustained an injury from a fall. The RN's documentation did not indicate the assessment of the resident or the communication with the Physician regarding the resident's fall and health condition.

Sources: Resident Falls and Post Fall Assessment, the resident clinical records, interview with staff.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care

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reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary;
or

A resident's care plan indicated a mobility aid was to be available and accessible at all times and the staff were to use the mobility aid when the resident was ambulating. The resident was observed walking in the hallway with staff without this intervention. The RPN confirmed that the resident's care plan needed to be revised as this intervention was no longer necessary.

Sources: Observation, the resident's clinical records, interviews with staff.

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The pain management policy required staff to complete an assessment when a resident reports a pain severity of 2 or higher. The Director of Care (DOC) confirmed that a PAIN tool assessment should be completed for a resident when their pain score exceeded 2 and acknowledged that on multiple occasions a PAIN tool assessment was not completed when required.

Sources: The resident clinical records, Pain Management Program Policy, and an interview with staff.

WRITTEN NOTIFICATION: Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's

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pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Registered staff were to complete a pain assessment when breakthrough medication did not relieve the resident's pain. The DOC confirmed no pain assessment was completed using a clinically appropriate instrument when the resident had unmanaged pain.

Sources: The resident's clinical records, and interviews with staff.



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

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