

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: November 20, 2025

Inspection Number: 2025-1038-0007

Inspection Type:
Critical Incident

Licensee: Omni Quality Living (Southwest) Limited Partnership by its general partner
Omni Quality Living (Southwest) GP Ltd.

Long Term Care Home and City: Richmond Terrace, Amherstburg

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 18, 19 and 20, 2025

The following intake(s) were inspected:

- Intake: #00161564 - Critical Incident #1149-000096-25 relating to medication management system.

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

Medication Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Medication management system

NC #001 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

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Two staff members did not wholly implement the Long-Term Care Home's (LTCH) medication management policies related to narcotic and controlled medications.

A Critical incident (CI) was submitted to the Ministry of Long-Term Care (MLTC) relating to an alleged missing and unaccounted for controlled substance. On two occasions on two separate dates a staff member had administered a medication, which had a left over amount that was required to be wasted. On both dates all four instances had been documented on the Resident Narcotic/Controlled Medication count but not on the Electronic Medication Administration Record (EMAR) and there was no second signature, to witness the waste of the medication.

The Director of Clinical Services (DOCS) indicated that the home's policy and procedure was to document on the Resident Narcotic/Controlled Medication Count record and the Shift Change Narcotic/Controlled Medication Count Record as well as the EMAR for administered medications. Two staff were to complete the count together and use the resident record to confirm the count. DOCS also indicated that staff were required to waste the medication in a team of two and document with signatures.

Sources: CI 1149-000096-25, the Home's investigation file, Narcotic/Controlled Substance Count sheets, EMAR, staff interviews and the Home's Policy and Procedure relating to Narcotic/Controlled Substance count and destruction.