

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: March 13, 2025

Inspection Number: 2025-1069-0001

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

Long Term Care Home and City: Springdale Country Manor, Peterborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 25-28, 2025 and March 3-5, 7, 10-12, 2025

The inspection occurred offsite on the following date(s): February 27, 2025 and March 6, 2025

The following intake(s) were inspected:

Intake #00109464 – Critical Incident (CI) related to alleged resident to resident abuse

Intake #00117485 - Follow-up #1 - Compliance Order (CO) #003 / 2024-1069-0002, FLTCA, 2021 - s. 82 (7) 6. Training, Compliance Due Date (CDD) September 30, 2024

Intake #00121920 – CI related to alleged resident to resident abuse

Intake #00124246 – CI related to alleged resident to resident abuse

Intake #00128100 – CI related to fall of a resident causing injury

Intake #00130180 - Follow-up #1 CO #004 / 2024-1069-0004 O. Reg. 246/22 - s. 55 (2) (b) (iv) Skin and Wound Care CDD January 6, 2025

Intake #00130181 - Follow-up #1 CO #003 / 2024-1069-0004 O. Reg. 246/22 -

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s. 55 (2) (b) (ii) Skin and Wound Care CDD January 6, 2025

Intake #00130182 - Follow-up #1 CO #001 / 2024-1069-0004 FLTCA, 2021 - s. 24 (1) Duty to Protect CDD January 6, 2025

Intake #00130183 - Follow-up #1 CO #005 / 2024-1069-0004 O. Reg. 246/22 - s. 55 (2) (c) Skin and Wound Care CDD January 6, 2025

Intake #00130184 - Follow-up #1 CO #002 / 2024-1069-0004 O. Reg. 246/22 - s. 55 (2) (b) (i) Skin and Wound Care CDD January 6, 2025

Intake #00135282 - Follow-up #1 CO #001 / 2024-1069-0005 O. Reg. 246/22, s. 58 (4) (c), Responsive Behaviours, CDD March 7, 2025

Intake #00135283 - Follow-up #1 CO #002 / 2024-1069-0005 O. Reg. 246/22, s. 59 (b), Altercations and other interactions between residents, CDD March 7, 2025

Intake #00135285 - Follow-up #1 CO #003 / 2024-1069-0005, O. Reg. 246/22, s. 73, Recreational and social activities qualifications, CDD February 28, 2025

Intake #00135730 - CI related to alleged resident to resident abuse

Intake #00136464 - Complaint related to resident care concerns

Intake #00136543 - CI related to an infectious diseases outbreak

The following intakes were completed in this inspection: Intake #00096776, Intake #00107359, and Intake #00127762 related to resident falls resulting in injury.

Previously Issued Compliance Order(s)

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

Order #004 from Inspection #2024-1069-0004 related to O. Reg. 246/22, s. 55 (2) (b) (iv)

Order #003 from Inspection #2024-1069-0004 related to O. Reg. 246/22, s. 55 (2) (b) (ii)

Order #001 from Inspection #2024-1069-0004 related to FLTCA, 2021, s. 24 (1)

Order #005 from Inspection #2024-1069-0004 related to O. Reg. 246/22, s. 55 (2)

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(c)

Order #002 from Inspection #2024-1069-0004 related to O. Reg. 246/22, s. 55 (2)

(b) (i)

Order #001 from Inspection #2024-1069-0005 related to O. Reg. 246/22, s. 58 (4)

(c)

Order #002 from Inspection #2024-1069-0005 related to O. Reg. 246/22, s. 59 (b)

Order #003 from Inspection #2024-1069-0005 related to O. Reg. 246/22, s. 73

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #003 from Inspection #2024-1069-0002 related to FLTCA, 2021, s. 82 (7) 6.

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Continence Care
- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Recreational and Social Activities
- Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that

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the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

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).

The licensee has failed to ensure that recommendations from an outbreak debrief was made to the licensee by the home for improvements to outbreak management practices in accordance with the "Infection Prevention and Control Standard for Long Term Care Homes April 2022" (IPAC Standard), revised September 2023. Specifically, the licensee shall ensure that following the resolution of an outbreak, a summary findings and recommendations will be made to the licensee as was required by Additional Requirement 4.3 under the IPAC Standard. The Infection Prevention and Control (IPAC) lead confirmed that the outbreak debrief minutes and its recommendations were shared to the licensee at a later date.

Sources: interviews and email correspondence with the IPAC lead, Critical Incident, infection prevention and control committee – post outbreak debrief.

Date Remedy Implemented: February 28, 2025

WRITTEN NOTIFICATION: Plan of care

NC #002 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.

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The licensee failed to ensure the care outlined in the plan of care was documented for a resident. The documentation for a specific intervention was incomplete for multiple occurrences.

Sources: CI, interview with a Personal Support Worker (PSW), clinical records

WRITTEN NOTIFICATION: Conditions of licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

CO #003 from inspection #2024-1069-0002 issued on May 29, 2024, with a compliance due date of September 30, 2024, to FLTCA, 2021, s. 82 (7) 6. was not complied with.

The following components of the order were not complied:

1. Train all direct care staff, who were not trained in 2023, related to skin and wound care, falls prevention and management, and pain management, including pain recognition of specific and non-specific signs of pain. The training is to be documented including, the date of the training, name of staff trained and their role, and the platform used to conduct the training. A record of the training is to be kept and made available to the Inspector upon request.
3. This training is in addition to any training requirement(s) for 2024.

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The licensee has failed to ensure that all direct care staff, who were not trained in previous years, received training related to skin and wound care and pain management, including pain recognition of specific and non-specific signs of pain.

Sources: training records, and interview with the Executive Director.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #003

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

There was no history of NC with FLTCA, 2021, s. 104 (4) issued for the CO.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by

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the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: 24-hour admission care plan

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

Non-compliance with: O. Reg. 246/22, s. 27 (1)

24-hour admission care plan

s. 27 (1) Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home. O. Reg. 246/22, s. 27 (1).

The licensee failed to ensure that a 24-hour admission care plan was developed for a resident and communicated to direct care staff within 24 hours of the resident's admission to the home. An initial care plan was created on a later date.

Sources: the resident's care plan, interview with the Director of Care (DOC).

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)
(ii) upon any return of the resident from hospital, and

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The licensee has failed to ensure that a resident received a skin assessment by a member of the registered nursing staff upon return from the hospital.

Sources: clinical records, licensee's policy, interview with skin and wound lead.

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee failed to implement strategies to respond to a resident's identified responsive behaviours. The DOC was not able to confirm if a specific strategy was implemented and that it was not included in the care plan for a co-resident.

Interview with Behavioural Supports Ontario (BSO) lead and DOC acknowledged that the specified strategy should be in the resident's care plan

Sources: Critical Incident Report (CIR), clinical records, interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive

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behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee failed to ensure that a resident received an assessment after an incident in which the resident demonstrated responsive behaviours.

A specific assessment was initiated for the resident to be done over a period of time. However, the specified assessment was not fully completed during this period, and the analysis was not completed. Clinical record for the resident indicated the resident continued to display responsive behaviors.

Sources: CIR, the licensee's policy, clinical records.

WRITTEN NOTIFICATION: Altercations and other interactions between residents

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

Non-compliance with: O. Reg. 246/22, s. 59 (b)

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(b) identifying and implementing interventions.

The licensee has failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between and among two residents, including, identifying and implementing interventions.

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A CIR was submitted regarding alleged resident-to-resident abuse. Prior to this incident, clinical record indicated voiced concerns related to the two residents and their risk of altercation. An interview with the BSO lead identified a potential risk between the two residents due to their responsive behaviors. No new interventions were implemented when the potential risk of harm was identified between them until after the altercation occurred. The failure to implement new interventions placed both residents at risk for potentially harmful interactions and altercations.

Sources: CIR, clinical records, interview with BSO lead.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #009 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).

1. The licensee has failed to implement practices in infection prevention and control related to labelling of a resident care equipment in accordance with the IPAC Standard, revised September 2023. Specifically, the licensee shall identify how IPAC policies and procedures will be implemented in the home and complied with as was required by Additional Requirement 5.5 under the IPAC Standard. There was a risk of transmitting microorganisms from resident to resident when using unlabeled resident care equipment.

Sources: observations, interviews with the IPAC lead and other staff, and the licensee's policy.

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2. The licensee has failed to ensure that a PSW followed the infection prevention and control program related to routine cleaning and disinfection of a sit-to-stand lift in accordance with the IPAC Standard, revised September 2023. Specifically, the use of environmental controls including cleaning as part of Routine Practices were not followed as was required by Additional Requirement 9.1 Routine Practices e) i. under the IPAC Standard. There was risk of transmitting microorganisms when routine cleaning and disinfection of resident care equipment was not followed by a staff member.

Sources: observations, interviews with the IPAC lead and other staff, the licensee's policy.

**WRITTEN NOTIFICATION: Licensees who report investigations
under s. 27 (2) of Act**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 112 (1) 3. v.

Licensees who report investigations under s. 27 (2) of Act

s. 112 (1) In making a report to the Director under subsection 27 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

- 3. Actions taken in response to the incident, including,
- v. the outcome or current status of the individual or individuals who were involved in the incident.

The licensee has failed to ensure that a CIR that was submitted to the Director, included the outcome of investigation of an alleged incidents of abuse of two residents by another co-resident.

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Sources: CIR, investigation notes, interview with DOC.

**WRITTEN NOTIFICATION: Licensees who report investigations
under s. 27 (2) of Act**

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 112 (1) 4.

Licensees who report investigations under s. 27 (2) of Act

s. 112 (1) In making a report to the Director under subsection 27 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

4. Analysis and follow-up action, including,
 - i. the immediate actions that have been taken to prevent recurrence, and
 - ii. the long-term actions planned to correct the situation and prevent recurrence.

The licensee has failed to ensure that a CIR that was submitted to the Director, included the analysis and follow-up action, including, the immediate actions and the long-term actions that have been taken to prevent recurrence of alleged abuse of two residents by another co-resident.

Sources: CIR, investigation notes, interview with DOC.

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**Inspection Report Under the
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