

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: August 27, 2025

Inspection Number: 2025-1069-0005

Inspection Type:
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: Springdale Country Manor, Peterborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):
August 20 - 22, and August 25 -27, 2025

The following intake(s) were inspected:

- An allegation of physical abuse.
- A Fall intake.

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

Housekeeping, Laundry and Maintenance Services
Prevention of Abuse and Neglect
Responsive Behaviours
Residents' Rights and Choices
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Right to quality care and self-determination

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 19. ii.

Residents' Bill of Rights

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s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

19. Every resident has the right to,
- ii. give or refuse consent to any treatment, care or services for which their consent is required by law and to be informed of the consequences of giving or refusing consent,

The licensee failed to respect and promote a resident's rights to consent to care when they provided care after their refusal.

Sources: Resident rights document, Policy on Caring for a resident who refuses or is resistive to care, interviews with staff.

WRITTEN NOTIFICATION: When reassessment, revision is required

NC #002 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 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

The licensee failed to ensure that the plan of care was reviewed and revised when a resident's care needs changed. Specifically, the resident's plan of care was not updated regarding care, safety and fall prevention interventions.

Sources: Resident's clinical health records, observations, interviews with staff.

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

- s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee failed to protect a resident from abuse when staff used excessive force

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during the provision of care, resulting in injuries.

Sources: Investigation Notes, zero tolerance of abuse and neglect of residents Policy, resident's clinical health records, and interviews with staff.

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee failed to provide strategies to mitigate falls for a resident when they did not have their fall prevention intervention, mobility aide and assistance and fell sustaining injuries.

Sources: Resident falls and post fall assessment policy, resident's clinical health records, and interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

NC #005 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 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 actions were taken to respond to the needs of resident's related to their responsive behaviours. Specifically, the licensee failed to complete assessments, reassessment and document resident's responses to behaviour interventions.

Sources: Supporting A resident with Responsive behaviours policy, resident's clinical

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health records, and interviews with staff.

WRITTEN NOTIFICATION: Behaviours and altercations

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

Non-compliance with: O. Reg. 246/22, s. 60 (a)

Behaviours and altercations

s. 60. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

The licensee failed to ensure that procedures and interventions were developed, updated, and implemented to support staff in providing care to a resident, who exhibits responsive behaviours.

A resident's clinical records indicate that staff have been the recipients of the resident's responsive behaviours and the resident has remained resistant to care for extended periods. Staff acknowledged that interventions have not been revised or effectively implemented, leaving the home without an adequate plan to manage behaviours and ensure safe, consistent care and prevent harmful interactions with others.

Sources: Resident's clinical health records, interviews with staff.

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (d)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours.

The licensee failed to ensure that procedures were developed and implemented for addressing lingering offensive odours in a resident's room.

Sources: Observations, interviews with staff.



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