

**Ministry of Long-Term Care**

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

**Ottawa District**

347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Public Report

**Report Issue Date:** March 3, 2026

**Inspection Number:** 2026-1241-0001

**Inspection Type:**

Critical Incident

**Licensee:** Osgoode Care Centre

**Long Term Care Home and City:** Osgoode Care Centre, Metcalfe

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 24-26, 2026 and March 2, 3, 2026

The following critical incidents intake(s) were inspected:

-Intake: #00165049, #00165626 and #00170856 related to infectious disease outbreaks.

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

Infection Prevention and Control

## INSPECTION RESULTS

**COMPLIANCE ORDER CO #001 Infection prevention and control program**

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NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1) Provide training to all staff on the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (rev. Sept. 2023) routine practices, specifically:  
section 9.1 (a) related to hand hygiene (HH), including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact);  
section 9.1 (d) related to proper use of personal protective equipment (PPE) including appropriate selection, application, removal, and disposal.  
section 6.7 related to ensure that all staff, students, volunteers and support workers comply with applicable masking requirements at all times.

2) Document and maintain a written record of the training provided, including the date(s) it was held, an overview of the topics covered, method of delivery, the name and credentials of the staff member who provided the training, the name and credentials of the staff member receiving the training, and the recipient staff's signature that they understood the training provided.

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3) Perform random audits on direct and indirect care staff for all shifts (day shift, evening shift and night shift) at least 3 times per week to observe them using PPE including proper application of mask and performing HH as per the four moments when providing care to residents until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

4) Maintain a record of the audits completed, including date, shift time, person completing audit, observations made, and content of on-the-spot education provided and/or other corrective actions taken where required.

5) Written records, which include the date of the training, audits and corrective actions were completed and by whom, for sections 1), 2), 3) and 4) and shall be completed and maintained until the April 10, 2026.

**Grounds**

In accordance with Additional Requirement 4.3 under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023) following an outbreak, a summary of findings shall be created that makes recommendations to the licensee for improvements to outbreak management practices. Following the two outbreaks in December 2025, no recommendations were made for improvements to IPAC practices in the debrief conducted on a specific date by the home's outbreak team for the identified concerns during the outbreaks.

Sources: Summary of the Outbreak Meeting

In accordance with Additional Requirement 11.6) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023) signage is only posted at the main entrance and is not available throughout the home that lists the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be

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taken if an infectious disease is suspected or confirmed in any individual.

Sources: Observation of the inspector, interview with the CEO.

In accordance with Additional Requirement 9.1 (b) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), staff are to perform hand hygiene including ,but not limited to the four moments of hand hygiene. On specific dates, following observations were made: Personal Support Worker did not sanitize their hands after feeding snack to a resident and prior to touching the snack cart, a housekeeper staff did not sanitize their hands after removing their gloves and touching a resident's hands, another housekeeper staff did not sanitize their hands before touching a resident.

In accordance with Additional Requirement 9.1 (d) under the IPAC Standard for Long-Term Care Homes, staff should use Personal Protective Equipment properly, including appropriate selection and application. On a specific date, a Personal Support Worker did not wear the gown while providing care to a resident on isolation precautions.

Additionally, In accordance with New Additional Requirement 6.7, under the IPAC Standard for Long-Term Care Homes, all staff need to comply with applicable masking requirements at all times. On a specific day, a staff did not wear their mask properly when the home was in the respiratory outbreak. On two specific dates, two staff members did not wear a mask during an active outbreak in the home.

Sources: Observation of the inspector, interview with the IPAC Lead.

**This order must be complied with by April 10, 2026**

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**An Administrative Monetary Penalty (AMP) is being issued on this compliance order 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 Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, 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 a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

**Compliance History:**

In the past 36 months, a CO under O.Reg 246/22 s.102(2) (b) was issued (#2024-1241-0001) on February 29, 2024.

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.

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).