

**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:** December 13, 2024

**Inspection Number:** 2024-1183-0002

**Inspection Type:**

Proactive Compliance Inspection

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

**Long Term Care Home and City:** The Village Green Nursing Home, Selby

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 5-6, 9-13, 2024

The inspection occurred offsite on the following date(s): December 9, 12, 2024

The following intake(s) were inspected:

- Intake: #00133746 was related to a proactive compliance inspection (PCI)

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

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Residents' and Family Councils  
Food, Nutrition and Hydration  
Medication Management  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Quality Improvement  
Staffing, Training and Care Standards  
Residents' Rights and Choices  
Pain Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Windows.

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

**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that windows located in three different resident rooms, that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

**Sources:** observation of window openings; and interview with staff.

### WRITTEN NOTIFICATION: Nursing and Personal Support Services

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

**Non-compliance with: O. Reg. 246/22, s. 35 (3) (d)**

Nursing and personal support services

s. 35 (3) The staffing plan must,

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 11 (3) of the Act, cannot come to work; and

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The licensee has failed to ensure there is a staffing back-up plan for nursing and personal care staffing.

**Sources:**

Review of master schedules; staffing assessment and planning tool; budgeted staffing hours, and staffing committee policy OP-AM-3.10; and interviews with staff.

**WRITTEN NOTIFICATION: Skin and wound care.**

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure a resident had received a weekly skin assessment during the month of November 2024 and December 2024, by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

**Sources:** record review of resident clinical record; and interview with staff.

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

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