Ontario

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

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

Ottawa District
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Public Report

Report Issue Date: June 10, 2025
Inspection Number: 2025-1237-0004
Inspection Type: Complaint
Licensee: Omni Quality Living (East) Limited Partnership by its general partner, Omni Quality Living (East) GP Ltd.
Long Term Care Home and City: Woodland Villa, Long Sault

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 27-28, 30, 2025 and June 2-6, 2025

The following intake(s) were inspected:

- Intake: #00147514 - IL-0140284-OT -Complainant with ongoing concerns for resident care.

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

Continence Care
Resident Care and Support Services
Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services
Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Responsive Behaviours
Residents' Rights and Choices

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 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: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that there is a written plan of care for each resident that sets out clear direction to staff and others who provide direct care to the resident. Specifically, the licensee has failed to ensure that a resident's nutrition report reflected the resident's care plan therapeutic interventions.

Sources:
A resident's care plan and nutrition report;
Interviews with the Registered Dietitian and a Dietary Aide.

On June 6, 2025, the Nutrition Care Manager showed the inspector the resident's updated nutrition report that reflected the resident's dietary preferences that was made available to dietary and direct care staff.

Date Remedy Implemented: June 6, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 95 (1) (a) (iv)
Laundry service
s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
(a) procedures are developed and implemented to ensure that,
(iv) there is a process to report and locate residents' lost clothing and personal items;

The licensee has failed to ensure that staff comply with their process to report and locate residents' lost clothing and personal items. Specifically, the licensee has failed to ensure that staff comply with policy ENV-LDY-1.2, Missing Resident Items so that personal support worker (PSW) staff ensure that Missing Laundry Forms are readily available in each home area. According to Ontario Regulation s. 11 (1) b., the licensee must have a process to report and locate residents' lost clothing and personal items, and they must comply with that process.

Sources:
Policy ENV-LDY-1.2, Missing Resident Items;
Observation of Wales Unit resident care area:
Interview with the Executive Director.

On June 6, 2025, the Executive Director was observed placing Missing Laundry Forms in each resident area.

Date Remedy Implemented: June 6, 2025

WRITTEN NOTIFICATION: Consent

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 7
Consent
s. 7. Nothing in this Act authorizes a licensee to assess a resident's requirements without the resident's consent or to provide care or services to a resident without the resident's consent.

The licensee has failed to ensure they provided care to a resident with the resident's, or their substitute decision maker's (SDM), consent. Specifically, the licensee failed to ensure they obtained consent for a medication dosage change for a resident's prescribed medication prior to administering the medication at the new dosage.

On a specified date, a resident's physician ordered an increased dosage of a resident's medication. The resident's medication administration record (MAR) indicates that the resident was administered the increased dose the same day it was ordered. According to a registered nurse (RN) , consent for this medication dosage change was not obtained until three days after it was ordered. The Director of Care (DOC) stated that new orders for residents cannot be implemented for residents until consent from the resident or their SDM has been obtained

Sources:
A resident's medical and medication administration records;
Interviews with an RN and the DOC.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
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,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a resident who was exhibiting altered skin integrity had a skin assessment using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment after the identification of the skin impairment by the resident's SDM and a registered practical nurse (RPN).

According to Policy OTP-HLHS-3.3 Skin Assessment and the DOC, any identified skin integrity impairment must be assessed under the skin and wound section of a resident's electronic chart.

Sources:
A resident's electronic chart;
Interviews with two RPNs and the DOC;
Policy OTP-HLHS-3.3 Skin Assessment.

WRITTEN NOTIFICATION: Dealing with complaints

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the

home is dealt with as follows:
3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure that the written responses to two written complaints regarding a resident's care submitted to the home on specified dates provided the Ministry of Long-Term Care's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

Sources:
Record review of the home's written responses to a resident's SDM's submitted written complaints.