

**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

**Original Public Report**

<b>Report Issue Date:</b> December 12, 2023	
<b>Inspection Number:</b> 2023-1187-0004	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership	
<b>Long Term Care Home and City:</b> Burnbrae Gardens Long Term Care Residence, Campbellford	
<b>Lead Inspector</b> Catherine Ochnik (704957)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Karyn Wood (601)	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): December 4 - 8, 2023 The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>Intake: #00102979 - PCI Inspection</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration

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Residents' and Family Councils  
Medication Management  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Quality Improvement  
Residents' Rights and Choices  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Retraining

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

**Non-compliance with: FLTCA, 2021, s. 82 (4)**

Training

Retraining

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

The licensee has failed to ensure that PSW #105 who received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

### Rationale and Summary

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While conducting a Proactive Compliance Inspection (PCI), Inspector #601 reviewed PSW #105's training records. The PSW's training for 2023 was incomplete, as they had not completed the fire prevention and safety, emergency and evacuation procedures, and infection prevention and control education. The PSW started a leave of absence September 6, 2021, and returned to work on June 11, 2023.

PSW #105 acknowledged they had started to complete their mandatory training since they returned to work, but the training was not fully completed. The Administrator indicated that staff were required to complete the required training annually using surge learning. The Administrator confirmed that PSW #105 had not completed all the required training upon return from an extended leave of absence and the PSW would be completing their required training before the end of the year.

The residents were at risk of PSW #105 not following processes when they had not completed the required annual training.

**Sources:** PSW #105's training records and interviews with PSW #105 and the Administrator. [601]

## **WRITTEN NOTIFICATION: Binding on licensees**

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

**Non-compliance with: FLTCA, 2021, s. 184 (3)**

Directives by Minister

Binding on licensees

s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The licensee has failed to ensure that where the Act required the licensee of a long-

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term care home to carry out every operational Minister's Directive that applies to the long-term care home, and that the operational Minister's Directive was complied with.

**Rationale and Summary**

In accordance with the Minister's Directive, COVID-19 guidance document for long-term care homes in Ontario, the licensee was required to ensure that all staff always comply with masking requirements. Staff, students, volunteers, and support workers were required to wear a mask in all resident areas when indoors.

On several occasions during the inspection, PSW #105 was observed with their face mask not covering their nose while assisting a resident with their meal and while sitting near a resident in the lounge. PSW #105 acknowledge that there were times when their face mask was not covering their nose while they were providing resident care or resident support. The IPAC Lead confirmed it was mandatory for staff to wear a face mask that covers their nose and mouth when they enter the home and while providing resident care.

Residents were at risk of increased transmission of infectious disease when PSW #105 did not wear their face mask over their nose, as required.

**Sources:** Observations by Inspector #601 and Inspector #704957, review of the COVID-19 guidance document for Long-term Care Homes in Ontario, last revised November 7, 2023, interviews with PSW #105 and the IPAC Lead. [601]



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

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