

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: August 27, 2024
Inspection Number: 2024-1004-0006
Inspection Type: Follow up
Licensee: Omni Healthcare (CT) GPCO Ltd. as General Partner of Omni Healthcare (Country Terrace) Limited Partnership
Long Term Care Home and City: Country Terrace, Komoka

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 14, 15, 16, 19, 20, 2024

The following intake(s) were inspected:

- Intake: #00119762 -Follow-up #: 2 - CO#002/2024_1004_0001, O. Reg. 246/22 - s. 24 (2)
- Intake: #00119763 -Follow-up #: 1 - CO #006/2024_1004_0005. O. Reg. 246/22 - s. 272
- Intake: #00119764 -Follow-up #: 1 - CO#004/2024_1004_0005.O. Reg. 246/22 - s. 96 (2) (b)
- Intake: #00119765 -Follow-up #: 1 - CO #005/2024_1004_0005. O. Reg. 246/22 - s. 102 (8)
- Intake: #00119766 -Follow-up #: 1 - CO #002/2024_1004_0005. FLTCA, 2021 - s. 82 (2)
- Intake: #00119767 -Follow-up #: 1 - CO #003/2024_1004_0005. FLTCA, 2021 - s. 3 (1) 1
- Intake: #00119768- Follow-up #: 1 - CO #001/2024_1004_0005. FLTCA, 2021 - s. 81 (2)

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

- Order #002 from Inspection #2024-1004-0001 related to O. Reg. 246/22, s. 24 (2)
- Order #006 from Inspection #2024-1004-0005 related to O. Reg. 246/22, s. 272
- Order #004 from Inspection #2024-1004-0005 related to O. Reg. 246/22, s. 96 (2) (b)
- Order #005 from Inspection #2024-1004-0005 related to O. Reg. 246/22, s. 102 (8)
- Order #002 from Inspection #2024-1004-0005 related to FLTCA, 2021, s. 82 (2)
- Order #003 from Inspection #2024-1004-0005 related to FLTCA, 2021, s. 3 (1) 1.

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

- Order #001 from Inspection #2024-1004-0005 related to FLTCA, 2021, s. 81 (2)

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

- Resident Care and Support Services
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Residents' Rights and Choices

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee failed to ensure that an incident involving incompetent care of a resident was immediately reported to the Director.

Rationale and Summary

Documentation was reviewed related to an incident involving a resident and a lift.

A Clinical Manager said that the incident would be considered incompetent care of a resident. They said that this incident should have been reported to the Director, however, it was not.

There was low risk to the resident as a result of the licensee not reporting the incident to the Director.

Sources: Clinical records for a resident, maintenance log, and interviews with a

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Clinical Manager and other staff.

WRITTEN NOTIFICATION: Licensee Must Comply

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with the conditions to which the licensee was subject related to Compliance Order (CO) #001 from inspection #2024-1004-0005 for the FLTCA, 2021 - s. 81 (2) related to police record checks, with a compliance due date (CDD) of July 31, 2024.

Rationale and Summary:

CO #001 from inspection #2024-1004-0005 stated that the licensee was to ensure the following:

3. Complete an audit of all staff hired to determine if staff working have a valid Police Record check, conducted by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015, and conducted within six months before the staff member was hired. Keep a record of the audit, date completed, who completed it and results. Ensure that any staff identified in the audit as not having a valid Vulnerable Sector Check (VSC) cease working in the home until a valid negative check has been completed.

There was an initial audit completed, however, this did not include all staff of the home. Additional staff members were identified and another audit was completed.

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Furthermore, staff members identified as not having a valid VSC on file in the home, did not cease working in the home until after the compliance due date.

In addition, the home failed to verify a valid VSC on file in the home for a specified number of staff members that were identified as having a valid VSC on file in the home during the audits.

As a result of the licensee's failure to ensure that staff working in the home had a valid VSC on file in the home, the residents of the home remained at risk.

Sources: Audits, documentation provided by the home for CO #001, and interviews with the Director of Care, Administrator and Director of Operations.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

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Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, 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 an order under s. 155 of the Act.

Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement. A CO (HP) #001 was issued related to FLTCA, 2021- s. 81 (2) during inspection #2024-1004-0005.

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 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.

NOTICE OF RE-INSPECTION FEE Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

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Reinspection of CO #002 from inspection 2024-1004-0001.

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by 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 Re-Inspection Fee.

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:

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- (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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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

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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:

Health Services Appeal and Review Board

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Attention Registrar

151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator

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438 University Avenue, 8th Floor

Toronto, ON, M7A 1N3

e-mail: 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.