

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 5, 2021	2021_902622_0001	002988-21, 003389- 21, 008478-21	Complaint

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**Licensee/Titulaire de permis**

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

2020 Fisher Drive Suite 1 Peterborough ON K9J 6X6

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**Long-Term Care Home/Foyer de soins de longue durée**

Kentwood Park  
2 Ontario Street Picton ON K0K 2T0

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

HEATH HEFFERNAN (622)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): July 5, 6, 7, 8, 9, 12, 13, 14, 26, 27, 2021.**

**The following intakes were completed during this complaint inspection:  
Log # 002988-21 related to resident care and services and sufficient staffing.  
Log # 008478-21 related to communication related to a residents' care and services.**

**Also completed during this inspection was Log # 003389-21 - Follow-up to Compliance Order #001 regarding O. Reg. 79/10, s. 15 (1). (Bedrails), issued on February 26, 2021, from inspection #2021\_765541\_0001 with a compliance due date of May 24, 2021.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Environmental Services Manager, Office manager, Physiotherapist, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeepers, Dietary Aides, Personal Care Assistants (PCAs) and the residents.**

**Also during the course of the inspection, the inspector reviewed resident health records, the licensee's Policies #OTP-EH-9.0 - Resident Entrapment Hazards, #CS-5.6 - Personal Assistive Safety Device and Restraint monitoring, #OTP-EH-9.2 - Side Rails, Bed Entrapment, #OTP-HP-3.5 - Prevention and Management of Hot Weather related Illness, #HR-SF-8.6 - Heat Stress/Hot Weather Plan, #IF-COVID-1.7 - Managing Visitors, IF-COVID-1.13- Immunization, Reducing Risk Intervention Tool, Decision Algorithm for the Use of Side Rails, Side-Rail Use Assessment Form, the home's staffing plans and schedules, the licensee's staffing assessment and planning tool, COVID-19 screening and testing documents, air and water temperature monitoring logs, maintenance expense invoices, and observed resident care and services.**

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

**Accommodation Services - Maintenance  
Contenance Care and Bowel Management  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Personal Support Services  
Safe and Secure Home  
Sufficient Staffing**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)  
1 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 15. (1)	CO #001	2021_765541_0001	622

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

- s. 6. (9) The licensee shall ensure that the following are documented:**
- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
  - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
  - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the provision of the care set out in the plan of care related to bathing and toileting for residents #002, #003 and #014 was documented.

A review of the Point of Care (POC) flow sheet documentation on MedeCare related to bathing indicated that during a 43-day period in June and July 2021, residents #002 and #003 were missing documentation on three separate dates and resident #014 was missing documentation once.

The POC flow sheet documentation on MedeCare related to the number of times residents were toileted per shift indicated that during a 13 day period in July 2021, residents #002 and #003 had missing documentation on 13 dates and resident #014 was missing documentation on 12 dates. Resident #003 was also noted to have missing documentation related to performing the act of toileting on two dates during the 13 day period.

Sources: resident #002, #003 and #014's health records including, Point of Care flow sheets on MedeCare, care plans, the bath schedule and interview of the Director of Care (DOC) #101 and other staff. [s. 6. (9) 1.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the provision of the care set out in the plan of care is documented, to be implemented voluntarily.***

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**Issued on this 16th day of August, 2021**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**