

**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> May 16, 2024	
<b>Inspection Number:</b> 2024-1252-0001	
<b>Inspection Type:</b> Critical Incident	
<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> Pleasant Meadow Manor, Norwood	
<b>Lead Inspector</b> Chantal Lafreniere (194)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): May 9, 10, 13, 2024</p> <p>The following intake was inspected:</p> <ul style="list-style-type: none"> <li>Critical Incident (CIR) related to COVID-19 outbreak.</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Housekeeping, Laundry and Maintenance Services
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: DOORS IN THE HOME

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

**Non-compliance with: O. Reg. 246/22, s. 12 (2)**

Doors in a home

s. 12 (2) The licensee shall ensure that there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents.

The licensee failed to ensure that there was a written policy that dealt with when doors leading to secure outside areas must be unlocked and locked to permit or restrict unsupervised access to those areas by residents

#### **RATIONALE and SUMMARY:**

During a tour of the home it was observed that second floor balcony doors and the first floor courtyard doors were locked requiring an access code to enter and exit the space. It was observed that patio furniture was in place, but no residents were outside.

The RN confirmed that the patio doors and court yard area to the home were locked and not accessible to residents without staff assistance.

Interview with two residents confirmed that residents were required to ask staff for assistance to access the outdoor courtyards and/or balconies in the home,

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Acting Administrator confirmed that the home did not have a policy related to when doors to secured resident outdoor spaces were to be locked and unlocked.

Failing to ensure that there was a written policy that dealt with when doors leading to secure outside areas must be unlocked and locked potentially minimized the residents ability to access unsupervised outdoor space,

**Sources:** Tour of the home and interview with residents and staff. [194]

**WRITTEN NOTIFICATION: HAZARDOUS SUBSTANCE**

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

**Non-compliance with: O. Reg. 246/22, s. 97**

Hazardous substances

s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee failed to ensure that all hazardous substances at the home were kept inaccessible to resident at all times.

**RATIONALE and SUMMARY:**

During a tour of the home, it was observed that the soiled utility room on the second floor was unlocked. The doors handle was noted to be in a locked position, but the door did not lock when closed. The soiled utility room was observed to contain a hazardous substance.

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The PSW confirmed that the door was to be locked and was unable to lock the door after several attempts.

Maintenance Manager indicated that they had been advised that the door was not locking. The Maintenance Manger confirmed that this issue had been addressed with the contractor but stated that something must have shifted because the door is not locking today.

Failing to ensure that all hazardous substances at the home are kept inaccessible to residents at all times, increases the risk of harm to residents.

**Sources:** Observations during tour of the home, interview with staff. [194]

## **WRITTEN NOTIFICATION: SAFE STORAGE OF DRUGS**

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

**Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)**

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(ii) that is secure and locked,

The licensee failed to ensure that, drugs were stored in an area or a medication cart, that is secure and locked.

### **RATIONALE and SUMMARY:**

During a tour of the building it was observed that a treatment cart containing

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medicated treatment creams was left unlocked in a hallway. It was observed that residents had prescribed medicated creams in the treatment cart. On top of the treatment cart there was a printed sign, stating that the treatment cart was to be locked at all times.

The RN confirmed that the treatment cart should be locked when not supervised by staff.

Review of two residents Treatment Administration Records (TARS) confirmed that the residents had been prescribed medicated treatment creams.

Failing to ensure that medications are secured and locked, places resident at increased risk of injury.

**Sources:** Tour of home areas, Review of clinical health records for residents and interview with staff. [194]

## **COMPLIANCE ORDER CO #001 Home to be safe, secure environment**

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

### **Non-compliance with: FLTCA, 2021, s. 5**

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

**The inspector is ordering the licensee to comply with a Compliance Order**

**[FLTCA, 2021, s. 155 (1) (a)]:**

**Specifically, the licensee shall:**

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1. The Administrator and the licensee will ensure that the construction area at the home is secured so that residents do not have access and the outdoor space is safe for residents.

**Grounds**

The licensee failed to ensure that the home had a safe and secured environment for its resident's when the active construction site did not provide barriers.

**RATIONALE and SUMMARY:**

During a tour it was observed that construction and landscaping was being completed to the front and side of the building. It was observed that there was machinery operating, uneven surfaces, sloping temporary pathways, large rocks, an accessible pit with accumulated water in it, a dumpster and construction debris around the building that were not secured to prevent resident access.

Site Supervisor for Steele Core, confirmed that there were no barriers currently in place at the home to limit access to the active construction site.

Acting Administrator verified that the active construction site at the front and side of the building did not have any barriers in place to limit resident access to the active construction site.

Failing to ensure that a barricade was implemented around an active construction site at the home, did not provide residents with a safe and secure environment.

**Sources:** Observations of the construction site, interviews with staff. [194]

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**This order must be complied with by** May 31, 2024

**COMPLIANCE ORDER CO #002 CMOH and MOH**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 272**

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

**The inspector is ordering the licensee to comply with a Compliance Order**

**[FLTCA, 2021, s. 155 (1) (a)]:**

**Specifically, the licensee shall:**

1. The IPAC lead is to develop and implement a process to ensure that all Alcohol Based Hand Rub (AHBR) in the home is not expired.
2. The IPAC Lead is to conduct weekly audits and implement corrective action for any deficiencies found, for the period of six weeks of all resident rooms to ensure that the ABHR is not expired.
3. The IPAC lead is to conduct weekly audits and implement corrective action for any deficiencies found, for the period of six weeks of all common areas to ensure that the ABHR is not expired.
4. All audits completed are to be documented, the record kept and immediately made available to the inspector.

**Grounds**

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
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The licensee failed to ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home, specifically ensuring that the Alcohol based hand rub was not expired.

As directed by: Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings April 2024, stating that Alcohol Hand rub is not to be expired.

**RATIONALE and SUMMARY:**

During a tour of the home it was observed that several resident rooms had expired ABHR.

IPAC lead confirmed that they were responsible for checking the ABHR to ensure that they were not expired, stating that they completed weekly checks of the ABHR.

Failing to ensure that the homes ABHR was not expired, increases the potential for spread of infection at the home.

**Sources:** Observations during tour of the home and interview with staff. [194]

**This order must be complied with by** July 12, 2024





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

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## 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:

- (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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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

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:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).