

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

Public Report

Report Issue Date: March 12, 2025

Inspection Number: 2025-1252-0002

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: Omni Health Care Limited Partnership by its general partner, 0760444 B.C. Ltd.

Long Term Care Home and City: Pleasant Meadow Manor, Norwood

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 3-6, 10-12, 2025.

The following intake(s) were inspected:

- An Intake, related to a Unknown Respiratory Outbreak.
- An Intake, related to a Complaint regarding housekeeping.
- An Intake regarding a Follow-up #1 - CO #003 from inspection 2024-1252-0002, FLTCA, 2021, s. 19 (2) (a), regarding Accommodation service, CDD extended to December 2, 2024.
- An Intake regarding a Follow-up #1 - CO#004 from 2024-1252-0002- O. Reg. 246/22 - s. 102 (2) (b), regarding Infection prevention and control program, CDD extended to December 1, 2024.
- An Intake, related to a Complaint regarding an allegations of improper personal care and cleanliness of a resident's room.
- An Intake related to care concerns and cleanliness of resident room and home.
- An Intake related to an unaccounted controlled substance.
- An Intake related to a Complaint regarding allegations the plan of care not being

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followed, physician not contacting resident's Substitute Decision Maker (SDM) POA after medication change, availability of diabetic drinks for diabetic residents.

Previously Issued Compliance Order(s)

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

- Order #003 from Inspection #2024-1252-0002 related to FLTCA, 2021, s. 19 (2) (a)
- Order #004 from Inspection #2024-1252-0002 related to O. Reg. 246/22, s. 102 (2) (b)

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

- Contenance Care
- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Medication Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Staffing, Training and Care Standards
- Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

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s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that a resident's safety device was applied as set out in the plan of care. The resident was observed without a safety device. The clinical records indicated the safety device was missing multiple times over a three month period. The Personal Support Worker (PSW) and Director of Care (DOC) confirmed the resident was to have a safety device as per the care plan.

Sources: Clinical records, interview with a PSW and DOC.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

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.

The licensee failed to ensure the provision of care set out in the resident's plan of care was documented. PSW's were directed to document when personal care was provided to a resident, however a four-month review indicated missed entries. The DOC confirmed that incomplete documentation meant the care provided couldn't be verified.

Sources: Clinical records, interview with the DOC.

WRITTEN NOTIFICATION: Accommodation Services

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

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Accommodation services

- s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee failed to ensure the home, furnishings and equipment are kept clean and sanitary. During a tour of the home, it was observed that the dining tables in a Resident Home Area had not been cleaned prior to lunch service. On another Home Area in the dining room there was a large a stain on the ceiling. The Housekeeping Manager and the Nutritional Care Manger confirmed that the dining room tables were not clean and that the home's policy directed that cleaning and sanitizing the tables was the dietary staff's responsibility. The Nutritional Care Manger confirmed the dietary aides assignments w included that tables and chairs are to be cleaned and sanitized after each meal/service.

Sources: Interviews, observations, Policy review.

WRITTEN NOTIFICATION: Complaints procedure — licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

- s. 26 (1) Every licensee of a long-term care home shall,
(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee failed to ensure that the complaint letter sent by a resident's Substitute Decision Maker (SDM) to the DOC was immediately forwarded to the Director. A written complaint was submitted to the DOC regarding a resident's

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personal care, and an allegation of improper morning care and incontinence care. The written complaint was not submitted until the following day.

Sources: CIR, clinical records, Policy-Investigating and Responding to Complaints, investigation notes.

WRITTEN NOTIFICATION: Personal care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 36

Personal care

s. 36. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis.

The licensee failed to ensure that a resident received individualized personal care, including grooming, on a daily basis. The residents care plan indicated the resident was to be provided grooming daily. The clinical records indicated the resident was not groomed daily on numerous days as outlined in the plan of care.

Sources: Resident's clinical records, interview with the DOC.

WRITTEN NOTIFICATION: Bathing

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

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The licensee failed to ensure that the resident was bathed as per their method of choice. The resident's care plan was revised, indicating the resident preference was a bath. A PSW indicated the resident's preference for bathing was a bath or shower. A second PSW reported they gave the resident a shower. The DOC confirmed the resident preference was a bath.

Sources: Resident's clinical records, interview with PSW 's, and the DOC.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

The licensee failed to ensure that a resident received assistance from staff to manage and maintain their continence. A resident's SDM requested the PSW's assist the resident with incontinence. The resident's SDM waited for assistance however no PSW arrived, as a result the resident's SDM provided the care.

Sources: CIR, investigation notes, the resident's clinical records.

WRITTEN NOTIFICATION: Dealing with complaints

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. ii.

Dealing with complaints

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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,
 - ii. an explanation of,
 - A. what the licensee has done to resolve the complaint, or
 - B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and

The licensee failed to ensure the response letter sent to a resident's SDM included an explanation of what was done to resolve the complaint and whether it was founded or unfounded. A written complaint was submitted by resident's SDM, alleging that the resident was not provided morning care and that the PSW's did not provide care when requested. The Administrator confirmed the response letter to the resident's SDM did not include what was done to resolve the complaint and whether it was unfounded together with the reasons for the belief.

Sources: CIR, Policy-Investigating and Responding to Complaints, investigation records, interview with the Administrator.

WRITTEN NOTIFICATION: Dealing with complaints

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. iii.

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,
 - iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

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The licensee failed to ensure that response letter provided to a resident's SDM included that their complaint was forwarded to the Director under clause 26 (1) (c) of the Act. The Administrator's response letter to a resident's SDM's did not include that the complaint was immediately forwarded to the Director regarding the concerns they had about the resident's care.

Sources: Investigation notes, Policy-Investigating and Responding to Complaints, interview with the Administrator.

WRITTEN NOTIFICATION: Medication management system

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee failed to comply with the medication management policy when a Registered Nurse (RN) altered the resident's narcotic count documentation. The investigation determined a missing controlled substance. The RN did not follow the narcotic drug destruction procedures when they altered the narcotic count records and did not obtain a witness for a second signature when they discarded a controlled substance.

Sources: CIR, the Narcotic Controlled Medication Count Record, Investigation Records, Documentation of Narcotic and Controlled Medication Counts, policy, and the Destruction and Disposal of Narcotic and Controlled Medication policy.

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

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