

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

<b>Report Issue Date:</b> February 17, 2026
<b>Inspection Number:</b> 2026-1172-0001
<b>Inspection Type:</b> Critical Incident
<b>Licensee:</b> Omni Quality Living (East) Limited Partnership by its general partner, Omni Quality Living (East) GP Ltd.
<b>Long Term Care Home and City:</b> Streamway Villa, Cobourg

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 11, 12, 13, 17, 2026

The following intake(s) were inspected:  
-An intake related to a fall of a resident

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

Safe and Secure Home  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Falls prevention and management

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

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

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In accordance with O. Reg 246/22 s.11. (1) b, the licensee is required to monitor residents and use equipment, supplies, devices and assistive aids when a resident has sustained a fall. Specifically, the home's Resident Falls and Post Fall Assessment Policy which directed nursing staff to complete an assessment, and then indicate when it is safe to move the resident, that the resident they should be transferred to bed with a mechanical lift.

A Critical Incident Report (CIR) was submitted to the Director concerning a fall and subsequent injury of a resident. Progress notes indicated that a Registered staff had partially completed their assessment indicating that a resident was in discomfort, and two Personal Support Workers assisted the resident to walk to the bed for the completion of the assessment.

**Sources:** Critical Incident Report, a resident's electronic records, Resident Falls and Post Fall Assessment Policy, interviews staff.

## COMPLIANCE ORDER CO #001 Required programs

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

1. The Licensee will educate all registered staff for a resident, on the Osteoporosis Screening and Treatment Plan Policy, where the resident is to receive a Framo Osteoporosis Screening Tool, and action the results of the tool.

## Grounds

The licensee did not ensure that the Osteoporosis Screening and Treatment Plan Policy, was followed when a resident sustained a fall.

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In accordance with O. Reg 246/22 s.11. (1) b, the licensee is required to implement the Framo Screening Tool to evaluate the risk of Osteoporosis and to identify the presence of Osteoporosis for a resident. The policy required a resident to be screened upon admission and annually thereafter, medication interventions ordered where applicable. Should a resident be at risk for falls, then two pairs of hip protectors would be ordered to prevent trauma and the potential for falls and fractures.

### **Rationale and Summary**

A resident was at a moderate risk for falls and the home had a specific falls prevention strategy. The resident was placed at a high risk for an injury when the staff did not follow a specific policy related to the residents' diagnosis, and the resident sustained an injury as a result of a fall.

**Sources:** CIR, Osteoporosis Screening and Treatment Plan Policy, a residents' electronic health record, interviews with staff.

**This order must be complied with by March 31, 2026**

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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  
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

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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**

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).



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

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