

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

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410 Ottawa, ON, K1S 3J4 Telephone: (877) 779-5559

Public Report

Report Issue Date: June 3, 2025

Inspection Number: 2025-1241-0003

Inspection Type:

Complaint

Critical Incident

Licensee: Osgoode Care Centre

Long Term Care Home and City: Osgoode Care Centre, Metcalfe

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 26, 27, 28, 29, 2025 and June 2, 3, 2025

The following intake(s) were inspected:

- Intake: #00145330 Alleged improper care and treatment of a resident by staff.
- Intake: #00146342 Alleged staff to resident abuse.
- Intake: #00147923 Alleged breach to resident Bill of Rights.

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

Safe and Secure Home Prevention of Abuse and Neglect Staffing, Training and Care Standards Residents' Rights and Choices

INSPECTION RESULTS



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WRITTEN NOTIFICATION: Training

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

Non-compliance with: FLTCA, 2021, s. 82 (2)

Training

- s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:
- 1. The Residents' Bill of Rights.
- 2. The long-term care home's mission statement.
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
- 4. The duty under section 28 to make mandatory reports.
- 5. The protections afforded by section 30.
- 6. The long-term care home's policy to minimize the restraining of residents.
- 7. Fire prevention and safety.
- 8. Emergency and evacuation procedures.
- 9. Infection prevention and control.
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
- 11. Any other areas provided for in the regulations.

The licensee has failed to ensure that a staff member received orientation training prior to performing their duties.

Sources: Staff training records and an interview with Administrator.

WRITTEN NOTIFICATION: Doors

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



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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 has failed to ensure that there was a written policy that included when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access by residents

Sources: Interview with the Director of Care and policy "Outside Area Security" #VII-H-10.04 record review.