Ontario

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: August 21, 2025

Inspection Number: 2025-1237-0005

Inspection Type:
Critical Incident
Follow up

Licensee: Omni Quality Living (East) Limited Partnership by its general partner, Omni Quality Living (East) GP Ltd.

Long Term Care Home and City: Woodland Villa, Long Sault

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: August 1, 6, 7, 8, 11, 13, 14, 15, 19, and 20, 2025.

The following intake(s) were inspected:

- Intake: #00149023 - Complaint with concerns regarding IPAC.
- Intake: #00149734 - Follow-up to Compliance order #1 - O. Reg. 246/22 - s. 138 (1) (a) (ii) related to safe storage of medications and locking medication carts - CDD August 8, 2025.
- Intake: #00149735 - Follow-up to Compliance Order #2 - O. Reg. 246/22 - s. 61 (1) related to the home's palliative care program - CDD August 8, 2025.
- Intake: #00149736 - Follow-up to Compliance Order #3 - O. Reg. 246/22 - s. 102 (8) related to IPAC program staff participation, masking on units during outbreak - CDD July 10, 2025.
- Intake: #00151570 - Regarding missing residents.
- Intake: #00153420 - Fall of a resident resulting in injuries.
- Intake: #00154271 - Severe hypoglycemia resulting in a hospital transfer.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #003 from Inspection #2025-1237-0003 related to O. Reg. 246/22, s. 138 (1) (a) (ii)
Order #001 from Inspection #2025-1237-0003 related to O. Reg. 246/22, s. 61 (1)

Order #002 from Inspection #2025-1237-0003 related to O. Reg. 246/22, s. 102 (8)

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

Skin and Wound Prevention and Management
Medication Management
Infection Prevention and Control
Safe and Secure Home
Palliative Care
Falls Prevention and Management

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 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that the written plan of care for a resident sets out clear directions to staff and others who provide direct care to the resident. Specifically, when the order for a specific intervention had been changed and the resident's Medication Administration Record (MAR) had been updated with the information however, the resident's Care Plan had not been revised to include the updated order, as confirmed by the Director of Care (DOC).

Sources: resident's health record, interviews with staff and the DOC.

WRITTEN NOTIFICATION: When reassessment, revision is required

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

A) The licensee has failed to ensure that the residents were reassessed and the plans of care were reviewed and revised when the residents' care needs changed. Specifically, two residents had not been reassessed and their plans of care reviewed and revised after both residents had displayed a specific responsive behaviour.

Sources: resident's health record and interview the DOC.

B) The license has failed to ensure that a resident's plan of care was reviewed and revised when the resident's care needs changed. A resident had a fall and sustained an injury, after which the resident's written plan of care plan did not reflect the injury or the monitoring of the injury as per the home's policy.

Sources: Resident's health records, Wound assessment Policy, Interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

A) The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was followed when two staff did not perform Hand Hygiene between completing tasks.
In accordance with the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, issued April 2022 and revised September 2023, section 9.1 b) The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include: Hand hygiene, including, but not limited to, at the four moments of hand hygiene.

Sources: inspector's observations and interview with staff.

B) The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was followed.
In accordance with the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, issued April 2022 and revised September 2023, section 10.4 h) Additional Requirement under the standard: the licensee shall ensure support for residents to perform hand hygiene prior to receiving meals and snacks. Specifically, during a meal service, on a specific unit four residents were not provided support in performing hand hygiene prior to having their meal.

Sources: inspector's observations and interviews with staff.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.
Reports re critical incidents
s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):
4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.

The licensee has failed to ensure that an incident that caused an injury to a resident, for which the resident was taken to a hospital and that results in a significant change in the resident's health condition, was reported to the Director one business day after the occurrence of the incident. Specifically, when a resident had a fall on a specific date in July 2025, that caused an injury, which resulted in significant changes to their care needs, the incident was reported to the Director later than the time frame required.

Sources: Resident's health records, nurses report book, Critical Incident report and interviews with staff.

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

NC #005 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)]:
The Licensee shall:
A) Ensure that the code to exit doors that lead to unsecured outside areas, such as the front door, is not the same as the code to doors that lead to secured outside areas such as the courtyard.
Alternatively
The licensee shall:
Develop and implement or put in place a method, process or device, whether manual, mechanical or electrical to open the doors leading to unsecured areas outside the home that is unknown, inaccessible, or that the resident does not have the ability to perform and is not identical to that used to access secured outside areas of the home.

B) Keep a written record of the date the code was changed or of the new method, process or device and the date it was implemented.
C) Keep a written record of the names of all residents with elopement risk who attempt to exit the home unaccompanied after the implementation, the date, time, the result of the attempt and any action taken if the resident was successful in exiting the home.
D) The written record must be kept until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

The licensee has failed to ensure that the home was a safe and secure environment for its residents. Specifically, when residents eloped from the home using access code known to one of the residents.

The inspector tested the code and noted that the same code number was used for entry a secured outdoor space and to open the front door of the home.
In an interview with a staff member they stated that the residents involved in the incident were not allowed to leave the building unaccompanied and that one of the residents knew the code to exit the building as the same code was used to access a secured outdoor space.
Another staff stated that there was a code for the front door however one of the residents involved int the incident knew the code as every door to the home had the same code.
The Director of Care (DOC) stated that the code to the front door of the home had not been changed.

Sources: inspectors observation, Interviews with staff and the DOC.

This order must be complied with by October 2, 2025

COMPLIANCE ORDER CO #002 Responsive behaviours

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 58 (4)
Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible;
(b) strategies are developed and implemented to respond to these behaviours, where possible; and
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

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

A) Conduct an audit of each unit to identify all the residents who are at risk for elopement behaviour.
B) Conduct audits of the plan of care for these residents to ensure that the behaviour and triggers are identified, strategies are developed and implemented to respond to these behaviours and where these are not identified they are developed and implemented.
C) Develop a process to ensure when the behaviour is displayed actions are taken to respond to the needs of the residents, including assessments, reassessments and interventions and that the residents' responses to the interventions are documented.
D) Keep written records of everything required under step A and B and C. Written records must be kept until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

The licensee has failed to ensure that when two residents demonstrated responsive behaviours, the behavioural triggers for the residents were identified, strategies were developed and implemented to respond to these behaviours, and actions were taken to respond to the needs of the residents, including assessments, reassessments and interventions and that the residents' responses to interventions were documented, as confirmed by the DOC.

In a review of the first resident's plan of care; the documentation did not include the resident's risk for the behaviour or identified the behavioural triggers, nor were strategies developed and implemented to respond to these behaviours, and no actions were documented to have been taken to respond to the needs of the resident, including assessments, reassessments and interventions or the residents' responses to interventions.
In a review of the other resident's plan of care the documentation did not include the resident's risk for the behaviour or identified the behavioural triggers, nor were strategies developed and implemented to respond to these behaviours, and no actions were documented to have been taken to respond to the needs of the resident, including assessments, reassessments and interventions or the residents' responses to interventions.
A staff stated that they could not recall the implementation of any intervention or strategies that were specifically designed for either of the two residents' behaviour after the incident.
During an interview with the DOC they confirmed that when the residents displayed the behaviour, triggers for the residents behaviour were not identified, strategies were not developed and implemented to respond to the behaviour, neither were assessments or reassessments completed nor were interventions to meet the needs of the residents and the residents' responses to interventions documented.

Sources: residents health record, interview with staff and the DOC.

This order must be complied with by October 2, 2025

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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.