

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: October 20, 2025

Original Report Issue Date: October 16, 2025

Inspection Number: 2025-1237-0006 (A1)

Inspection Type:

Complaint
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

AMENDED INSPECTION SUMMARY

This report has been amended to:

Compliance Order (CO) #002 was rescinded and a Written Notification is issued to
O. Reg 246/22, s. 140 (2).

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Inspection Type: Complaint Critical Incident Follow up
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Long Term Care Home and City: Woodland Villa, Long Sault

AMENDED INSPECTION SUMMARY

This report has been amended to:
Compliance Order (CO) #002 was rescinded and a Written Notification is issued to
O. Reg 246/22, s. 140 (2).

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 29, 2025 and
October 1, 2, 3, 6-10, 14, 16, 2025

The following Critical Incident (CI) intake(s) were inspected:

- Intake 00154678 related to a resident's event resulting in hospital transfer.
- Intake 00155730 related to a resident's fall resulting in significant change in the resident's condition.

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-Intake 00157686 related to alleged improper/incompetent treatment of a resident by staff.

The following complaint intake(s) were inspected:

- Intake 00155787 complaint related to alleged neglect of a resident.
- Intake 00156106 complaint related to staffing levels.
- Intake 00156251 complaint related to care concerns for a resident.
- Intake 00156758 complaint related to a resident's assessment and hospital transfer.
- Intake 00157224 complaint related to resident care and services.

The following follow-up intake(s) were inspected:

- Intake 00155972 related to Compliance Order Follow-up #: 1 - FLTCA, 2021 - s. 5 with compliance due date of October 2, 2025.
- Intake 00155973 related to Compliance Order Follow-up #: 2 - O. Reg. 246/22 - s. 58 (4) with compliance due date of October 2, 2025.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1237-0005 related to FLTCA, 2021, s. 5.

Order #002 from Inspection #2025-1237-0005 related to O. Reg. 246/22, s. 58 (4).

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

Contenance Care
Skin and Wound Prevention and Management

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Resident Care and Support Services
Medication Management
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Staffing, Training and Care Standards
Pain Management
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

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

Plan of care

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 has failed to ensure that the care set out in a resident's plan of care was provided as specified. Specifically, a resident's plan of care required for resident to receive care related to grooming and dressing; however, this task was not provided consistently during specific months.

Sources: PointClickCare (POC) documentation; interviews with Registered Practical Nurse and Director of Care (DOC).

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WRITTEN NOTIFICATION: Plan of care documentation

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.

A. The licensee has failed to document the provision of care set out in the plan of care related to a resident's continence care during a specific month.

Sources: Interview with Director of Care, Personal Support Worker, PointClickCare documentation, resident's care plan tips.

B. The licensee has failed to ensure that the provision of care set out in the plan of care for a resident was documented as required, specifically related to bathing on identified dates during specific months.

Sources: PointClickCare (POC) documentation, interviews with Registered Practical Nurse and Director of Care.

WRITTEN NOTIFICATION: Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's

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pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure that a resident was assessed using a clinically appropriate tool specifically designed for pain management after they fell and initial pain management strategies were deemed to be ineffective.

Sources: Interview with staff, review of resident medical record.

WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee has failed to ensure their written policy related to medication management system, was implemented.

The policy states that if the resident's blood glucose is less than 4 mmol/L, staff are required to complete the post-hypoglycemic event documentation tool. During specific months, the post-hypoglycemic event documentation tool was not completed during multiple occasions when a resident's blood glucose levels were less than 4 mmol/L.

The policy states for treatment of severe hypoglycemia, "Monitor blood glucose level during the next 3-4 hours according to physician orders or as further indicated

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by resident physical health status". On an identified date, after administration of a medication to address a resident's hypoglycemia, an initial reassessment of resident's medical status was completed, but there was no further follow up completed to monitor the resident's health status as per policy.

Sources: Policy titled "Treatment of hypoglycemia", review of resident's plan of care, interviews with Registered Practical Nurse and Director of Care.

COMPLIANCE ORDER CO #001 Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 3.

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:

3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

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

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

The Licensee shall:

a) Provide training to all registered nursing staff on licensee Policy_OTP-ECC-1_5 Bowel and Bladder Continence Assessment and Care (revised March 24, 2024), including the indications for the use of the clinically appropriate assessment instruments specifically designed for bladder and bowel continence assessments.

b) As part of the training component outlined in section a), develop and apply a case

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study scenario that illustrates the clinical indicators for initiating an assessment. This scenario should be based on the observed signs and symptoms of altered bowel function exhibited by a resident. To protect privacy, ensure the resident remains anonymous throughout the case study.

c) Training records are to be kept and shall include the name and designation of the person providing the training, the names and designation of the staff receiving the training, the date the training was provided, and staff attestation that the training was received.

d) Develop and implement a process to maintain compliance with the completion of the Bowel and Bladder Continence Assessment for a specific resident at the frequencies outlined in policy OTP-ECC-1.

e) Written records related to a), b), c), and d) to be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

i) The licensee has failed to comply with the home's continence care and bowel management program for a resident.

In accordance with O. Reg 246/22 s. 11 (1) b, where the Act or the Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any program, the licensee is required to ensure that the program is complied with.

Specifically, the home failed to comply with Policy-OTP-ECC-1.5 Bowel and Bladder Continence Assessment and Care planning (reviewed March 24, 2024). The policy

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indicates a Bowel and Bladder Continence Assessment is to be completed on a quarterly basis for the residents. During a review of a resident's records, it was identified that only one Bowel and Bladder Continence Assessment was completed in 2025.

Sources: Policy# OTP-ECC-1-5-Bowel and Bladder Continence Assessment and Care (reviewed-March-2024), Urinary Continence Assessment , interview with Director of Care (DOC), Executive Director (ED).

ii) The licensee has failed to comply with the home's continence care and bowel management program for a resident.

In accordance with O. Reg 246/22 s. 11 (1) b, where the Act or the Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any program, the licensee is required to ensure that the program is complied with.

Specifically, the home failed to comply with Policy-OTP-ECC-1.5 Bowel and Bladder Continence Assessment and Care Planning (reviewed March 24, 2024). The policy indicates that a Bowel and Bladder Continence Assessment is to be completed following any change in condition that affects continence. During identified days prior to a significant event with a resident, the resident experienced several events that reflected a change in their bowel continence. No Bowel and Bladder Continence Assessment was completed during this period.

Sources: Policy# OTP-ECC-1-5-Bowel and Bladder Continence Assessment and Care (reviewed-March-2024), interviews with registered staff, review of resident's medical record.

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This order must be complied with by December 5, 2025

(A1) The following non-compliance(s) has been amended: NC #006

COMPLIANCE ORDER CO #002 Administration of drugs

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

COMPLIANCE ORDER CO #003 Medication incidents and adverse drug reactions

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 147 (2) (a)

Medication incidents and adverse drug reactions

s. 147 (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,

(a) all medication incidents, incidents of severe hypoglycemia, incidents of unresponsive hypoglycemia, adverse drug reactions and every use of glucagon are documented, reviewed and analyzed;

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

The licensee shall:

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a) Provide training to all Registered nursing staff including Directors of Care on Home's Omni policy #OTP-DM-4.3 titled "Treatment of hypoglycemia", last reviewed April 1, 2024, and CareRx policy #9.6 titled "Rescue Medication Use Reporting (Glucagon, Naloxone, Vitamin K)", last reviewed July 31, 2025. Maintain a written record of the training provided to staff, including the dates provided, content of the training, names of those receiving and providing the training, and attestation of staff that they received the training.

b) Complete an audit of all hypoglycemic events in the home to ensure compliance with Home's Omni policy #OTP-DM-4.3 titled "Treatment of hypoglycemia", last reviewed April 1, 2024, and CareRx policy #9.6 titled "Rescue Medication Use Reporting (Glucagon, Naloxone, Vitamin K)", last reviewed July 31, 2025. Ensure a written record is kept including who completed the audit, the dates the audits were completed, and any incomplete documentation identified.

c) Develop and implement a plan to comply with O. Reg 246/22 s. 147 (2) (a) related to the requirement of reviewing and analyzing incidents of severe hypoglycemia, incidents of unresponsive hypoglycemia and every use of glucagon.

d) Keep a written record of a, b and c 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 incidents of severe hypoglycemia and every use of glucagon for these incidents are reviewed and analyzed. Specifically, during specific months, a resident had severe hypoglycemic events requiring the administration of glucagon by registered staff.

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The home's Omni policy #OTP-DM-4.3 titled "Treatment of hypoglycemia", last reviewed April 1, 2024, states that if the resident's blood glucose is less than 4 mmol/L, staff are required to complete the post-hypoglycemic event documentation tool assessment.

During specific months, the post-hypoglycemic event documentation tool was not completed for a resident when resident had a blood glucose level of less than 4 mmol/L.

The home's CareRx policy #9.6 titled "Rescue Medication Use Reporting (Glucagon, Naloxone, Vitamin K)", last reviewed July 31, 2025, states "The goal of this policy is to analyze, track and trend the use of rescue medications to identify if there is a recurring event requiring the use of these medications" and "Administration of rescue medications should be reported by the nursing staff using the medication incident reporting system followed in the Home".

A review of the Home Medication Incident Reports revealed that medication incident reports were not completed on identified dates during specific months when a resident was administered glucagon for their hypoglycemic events.

During an interview with the Director of Care, they indicated that the resident's incidents of severe hypoglycemia and every use of glucagon to address resident's hypoglycemic incidents are not reviewed and analyzed.

Sources: Home's Omni policy #OTP-DM-4.3 titled "Treatment of hypoglycemia", review of resident's plan of care, review of Home medication incident reports, CareRx policy #9.6 titled "Rescue Medication Use Reporting (Glucagon, Naloxone, Vitamin K)", interviews with Registered Practical Nurse and Director of Care.

This order must be complied with by December 5, 2025

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(A1) The following non-compliance(s) has been newly issued: NC #008

WRITTEN NOTIFICATION: Administration of drugs

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

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee has failed to ensure that drugs were administered to a resident in accordance with the directions for use specified by the prescriber.

On an identified date, a resident received only one dose of a medication despite an order for three doses per day being in place at the time.

Sources: Review of resident's medical record, review licensee CareRx policy Medication Administration Record (MAR) (Policy No. 5.3, rev. 7/31/25), interview with Director of Care.

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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, 8th floor
Toronto, ON, M7A 1N3

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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:

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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.