



Ministry of Health and  
Long-Term Care

Ministère de la Santé et des Soins  
de longue durée

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Rapport d'inspection prévue  
sous la Loi de 2007 sur les foyers  
de soins de longue durée

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

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## Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 25, 2019	2019_607523_0008	003538-19	Complaint

### Licensee/Titulaire de permis

Omni Healthcare (CT) GPCO Ltd. as General Partner of Omni Healthcare (Country  
Terrace) Limited Partnership  
161 Bay Street, Suite 2430 TD Canada Trust Tower TORONTO ON M5J 2S1

### Long-Term Care Home/Foyer de soins de longue durée

Country Terrace  
10072 Oxbow Drive, R.R. #3 Komoka ON N0L 1R0

### Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

ALI NASSER (523)

## Inspection Summary/Résumé de l'inspection



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): March 18, 19 and 20, 2019.**

**This inspection was conducted for complaint Log #003538-19 related to specific resident care concerns.**

**This inspection was conducted concurrently with Critical Incident Intake Log #005967-19, related to alleged resident to resident physical abuse.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, home's Physician, four Personal Support Workers, four Registered staff members, a family member and two residents.**

**The inspector(s) also observed resident rooms and common areas, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed specific policies and procedures of the home.**

**The following Inspection Protocols were used during this inspection:  
Personal Support Services  
Responsive Behaviours**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**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. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A complaint was received through the Ministry of Health and Long-Term Care infoline related to specific resident care concern.

In an interview the complainant said that the resident scheduled a specific care on specific days but staff said that the resident was refusing treatment. Complainant concerned that if the resident refused specific treatment or care the staff were not reapproaching the resident with care.

Clinical record review for the resident showed plan of care direction that if the resident refused care to leave and reapproach, report and chart all behaviours.

In an interview the DOC said that at if a resident refused a specific care the staff would document the refusal and reapproach.

Clinical record review for the resident showed that the resident refused a specific care 18 times, on 16 occasions when the resident refused care there was no documentation of the refusal and the reapproach.

The DOC said that staff should have documented the refusal and the reapproach for every time the resident refused care as directed in the plan of care.

DOC said that it was the home's expectation that the care set out in the plan of care would be provided to the resident as set out in the plan. [s. 6. (7)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the care set out in the plan of care was provided to the resident as specified in the plan, to be implemented voluntarily.***



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**Issued on this 25th day of March, 2019**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**