

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: April 10, 2026
Original Report Issue Date: April 8, 2026
Inspection Number: 2026-1387-0002 (A1)
Inspection Type: Proactive Compliance Inspection
Licensee: Centennial Place Millbrook Inc.
Long Term Care Home and City: Centennial Place Long-Term Care Home, Millbrook

AMENDED INSPECTION SUMMARY

This report has been amended to:
To change the wording of Compliance Order #001 to allow flexibility with the wound care specialist referral.

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Long Term Care Home and City: Centennial Place Long-Term Care Home,
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To change the wording of Compliance Order #001 to allow flexibility with the wound care specialist referral.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 26-27, 30-31, 2026 and April 1-2, and 7-8, 2026.

The following intake(s) were inspected:

Proactive Compliance Inspection

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

Skin and Wound Prevention and Management

Restraints/Personal Assistance Services Devices (PASD) Management

AMENDED INSPECTION RESULTS

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WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)

(ii) upon any return of the resident from hospital, and

A resident returned from admission to the hospital. A skin assessment was not completed until approximately two days after their return.

Sources: a resident's clinical health records.

WRITTEN NOTIFICATION: Skin and wound

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

A resident exhibiting altered skin integrity did not receive a skin assessment using a clinical appropriate assessment instrument over several weeks.

Sources: a resident's clinical health records, and interviews.

WRITTEN NOTIFICATION: Skin and wound

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)

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Skin and wound care

- s. 55 (2) Every licensee of a long-term care home shall ensure that,
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

A resident exhibiting altered skin integrity did not receive immediate interventions or treatment to promote healing or prevent infection.

Sources: a resident's clinical health records, and interviews.

COMPLIANCE ORDER CO #001 Required programs

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

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:
- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

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

The licensee shall:

- 1. The home will develop and implement a referral process for residents with wounds that are beyond the scope of the internal wound care lead. The referral process would ensure timely referral to appropriate external resources, including the local hospital and/or qualified wound care specialists based on the resident's individual care needs and condition.
- 2. Provide in-person education to all registered staff that work on a specified resident home area. The education should include direction on how to identify, describe and document the location, type, progress, measurement of the wounds, length, width, depth, undermining, tunneling, wound bed, exudate, peri wound, treatment, orders, progress of the resident's wounds and the licensee's Skin and Wound Care Program. Keep a record of staff names, date of education, who provided education and content of

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education.

3. Review and revise, if necessary, the role and responsibilities of the Wound Care Lead and any managers or registered staff involved in monitoring or assessing the Skin and Wound Care Program.
4. Perform weekly audits for four weeks for a specified resident to ensure they are assessed weekly and as required in the legislation using a clinically appropriate assessment instrument, including photos and that the resident receives appropriate treatment, tests and referrals for wounds that are not improving or deteriorating.
5. Keep a documented record of every audit, name of the resident and the auditor, and audit completion dates. Include any errors/omissions/corrections/remedies, the staffs name who made them and any education provided to that staff member.

Grounds

A resident exhibited altered skin integrity. No clinically appropriate assessments were completed over an approximately one month period. The wound deteriorated.

The following non-compliances related to the resident's wound care management were identified within this report demonstrating the licensee's Skin and Wound Care Program was not complied with:

- WN-Ontario Regulation 246/22, s. 55 (2) (a) (ii)-A skin assessment was not completed upon the resident's return from the hospital.
- WN-Ontario Regulation 246/22, s. 55 (2) (b) (i)-Multiple wound assessments for a resident were not assessed using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
- WN-Ontario Regulation 246/22, s. 55 (2) (b) (ii)-A resident exhibiting altered skin integrity did not receive immediate interventions or treatment to promote healing or prevent infection.

The resident experienced negative outcomes when the licensee's Skin and Wound Care Program was not complied with.

Sources: a resident's clinical health records, a review of the licensee's skin and wound care program.

This order must be complied with by July 31, 2026



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

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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
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

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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, 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.



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