

**Ministry of Long-Term Care**

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

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Public Report**

<b>Report Issue Date:</b> August 29, 2025
<b>Inspection Number:</b> 2025-1395-0004
<b>Inspection Type:</b> Complaint Critical Incident
<b>Licensee:</b> 2063415 Ontario Limited as General Partner of 2063415 Investment LP
<b>Long Term Care Home and City:</b> Maple Grove Community, Brampton

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): August 12-15, 19, 20, 22, 25-29, 2025

The following intakes were inspected:

-Complaint Intake #00152149 regarding the home's resident care services, falls prevention and management, housekeeping, laundry, and maintenance programs.

-Critical Incident System (CIS) intakes #00148384, #00153424, and #00154100, regarding the home's falls prevention and management program.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Continence Care
- Housekeeping, Laundry and Maintenance Services

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Food, Nutrition and Hydration  
Prevention of Abuse and Neglect  
Reporting and Complaints  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

#### **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

The licensee has failed to ensure that a resident's plan of care was revised when their needs changed.

**Sources:** A resident's clinical records and interviews with staff.

Date Remedy Implemented: August 19, 2025

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (i)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

The licensee has failed to ensure a resident's room was cleaned as required.

**Sources:** An observation of a resident's room and interviews with staff.

Date Remedy Implemented: August 26, 2025.

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 115 (5) 2. ii.**

Reports re critical incidents

s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

2. A description of the individuals involved in the incident, including,

ii. names of any staff members or other persons who were present at or discovered the incident, and

A. The licensee has failed to ensure that a critical incident (CI) report related to a resident's fall included the name of the staff who discovered the resident's fall.

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**Sources:** Review of a CI report and interviews with staff.

Date Remedy Implemented: August 20, 2025

B. The licensee has failed to ensure that a CI report related to a resident's fall included the name of the staff who discovered the resident's fall.

**Sources:** Review of a CI report and interviews with staff.

Date Remedy Implemented: August 29, 2025

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 115 (5) 4. ii.**

Reports re critical incidents

s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

4. Analysis and follow-up action, including,

ii. the long-term actions planned to correct the situation and prevent recurrence.

A. The licensee has failed to ensure a CI report related to a resident's fall included the long-term actions planned to correct the situation and prevent recurrence.

**Sources:** Review of a CI report and interviews with staff.

Date Remedy Implemented: August 20, 2025

B. The licensee has failed to ensure a CI report related to a resident's fall, included

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the long-term actions planned to correct the situation and prevent recurrence.

**Sources:** Review of a CI report and interviews with staff.

Date Remedy Implemented: August 29, 2025

### **WRITTEN NOTIFICATION: Falls prevention and management**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that fall prevention interventions were provided to a resident as specified in their plan of care.

**Sources:** observations, a resident's care plan and interviews with staff.

### **WRITTEN NOTIFICATION: Skin and wound care**

NC #006 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

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- 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.

The licensee has failed to ensure a resident received a skin assessment by a registered nursing staff upon their return from the hospital.

**Sources:** A resident's clinical records, a home's policy and interviews with staff.

### **WRITTEN NOTIFICATION: Skin and wound care**

NC #007 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,

The licensee has failed to ensure that when a resident had areas of altered skin integrity, they received a skin assessment using a clinically appropriate assessment tool, specifically designed for skin and wound assessment.

**Sources:** a resident's clinical records, and interviews with staff.

### **WRITTEN NOTIFICATION: Laundry service**

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

**Non-compliance with: O. Reg. 246/22, s. 95 (1) (b)**

Laundry service

s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that, (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

The licensee has failed to ensure there was a sufficient supply of clean linen, face cloths and bath towels available for use by residents on an identified date.

**Sources:** an observation, the home's linen cart quota for the specified shift, and interviews with staff.

## **WRITTEN NOTIFICATION: Reporting and complaints**

**NC# 009 Written Notification pursuant to FLTCA, 2021, s.154 (1).**

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows: 3. The response provided to a person who made a complaint shall include,

i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

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The licensee has failed to ensure the Ministry's toll-free telephone number and the contact information for the patient ombudsman was provided to the complainant.

**Sources:** a resident's clinical records, an email, and interviews with staff.