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

Central West District
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Public Report

Report Issue Date: October 23, 2025

Inspection Number: 2025-1395-0005

Inspection Type:
Critical Incident

Licensee: 2063415 Ontario Limited as General Partner of 2063415 Investment LP

Long Term Care Home and City: Maple Grove Community, Brampton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 15-17 and 20-23, 2025
The following intake(s) were inspected:
Intake: #00154955 related to falls prevention and management.
Intake: #0015614 related to medication management.
Intake: #00156655 related to medication management
Intake: #00156749 related to improper transfer of resident
Intake: #00157587 related to prevention of abuse and neglect.
Intake: #00157596 related to resident care and support and services.

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

Resident Care and Support Services
Continence Care
Skin and Wound Prevention and Management
Medication Management
Prevention of Abuse and Neglect
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: O. Reg. 246/22, s. 123 (2)
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to comply with the home's medication management system when a hypoglycemia kit was not maintained.

The licensee has failed to ensure that where the O. Reg 246/22 s. 11 (1) (b) required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the program was complied with.

According to Long-Term Care Home (LTCH) Diabetic Management-Hypoglycemia Policy, the Director of Care (DOC) or designate will ensure a hypoglycemia treatment kit is maintained in each resident home area and includes: One pack DEX-4 glucose tablets; Six sugar packets; 6 x 175ml-250ml apple juice boxes; 3 x 15ml

honey packets; Package of 15 ml peanut butter and Individual pudding cup.

The MLTC Inspector observed that hypoglycemia treatment kit was missing items as required in the Diabetic Management-Hypoglycemia policy.

On October 17, 2025, MLTC inspector observed that hypoglycemia treatment kit was restocked as required in the Diabetic Management-Hypoglycemia Policy.

Sources: Diabetic Management-Hypoglycemia Policy (VIII-C-10.30); Observation by MLTC Inspector and Interviews with RPN and DOC.

Date Remedy Implemented: October 17, 2025

WRITTEN NOTIFICATION: Right to be treated with respect

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 1.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

The licensee failed to ensure a resident was treated in a way that recognized their inherent dignity by staff.

Sources: Resident's clinical records; interviews with resident and staff.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #003 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 failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Sources: Resident s clinical record and interviews with staff member and Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee failed to ensure that the home's written policy to promote zero tolerance of abuse and neglect of residents was complied with.

The home's Prevention of Abuse & Neglect of a Resident policy indicated that upon first receiving notification by the team member of suspected incident of neglect of a resident, the Executive Director of designate will immediately if applicable, determine whether or not the team member(s) should be sent home immediately. If so, the team member(s) must be told that they are being sent home with pay, pending investigation of the incident.

The staff members involved in the incident were not placed on administrative leave pending the outcome of the investigation.

Sources: Critical Incident report, staff schedule, the home's internal investigation notes, staff member's disciplinary form, resident clinical health records; Interviews with ADOCs and other staff.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee failed to ensure that staff used safe maneuvering techniques when transferring a resident using a shower chair.

Sources: Resident's clinical Record and interviews with staff and Director of Care.

WRITTEN NOTIFICATION: Required programs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 licensee failed to ensure that the skin and wound care program for the Long-Term Care Home (LTCH) was implemented as required.

The home's Skin & Wound Care Management Protocol policy #VII-G-10.90 directed the nursing staff to treat altered skin integrity including pressure injuries, based on the Enterostomal Therapy (ET) nurse or current physician/ Nurse Practitioner (NP) treatment recommendations.

A Resident did not received the wound treatments as per the ET nurse's recommendations.

Sources: Critical Incident report, resident's clinical record, Registered Practical Nurse disciplinary form, the home's investigation notes; Interviews with staff members and Associate Director of Care (ADOC).