

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## Public Report

**Report Issue Date:** June 26, 2025

**Inspection Number:** 2025-1025-0003

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Middlesex Terrace Limited

**Long Term Care Home and City:** Middlesex Terrace, Delaware

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: June 10 to 13, 16, 19, 20 and 23 to 25, 2025

The inspection occurred offsite on the following dates: June 16 and 17, 2025

The following intakes were inspected:

- Intake #00147670 related to medication management, resident care and resident safety
- Intake #00149187/Critical Incident System Report (CIS) #1030-000011-25 related to staff to resident abuse
- Intake #00149926/CI #1030-000013-25 related to medication management, resident care and resident safety

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

Resident Care and Support Services  
Continence Care  
Skin and Wound Prevention and Management  
Medication Management

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Prevention of Abuse and Neglect  
Responsive Behaviours  
Staffing, Training and Care Standards  
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 updated to reflect their current mobility status.

Review of a resident's care plan noted a level of mobility with staff assistance with two different mobility devices. staff # 101 stated that a resident did not use one of the mobility devices. Resident was observed to be using an assistive device on a date in June 2025. Staff #102 updated the resident care plan to reflect their current mobility status.

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Sources: Record review of the resident's care plan; and interview with staff #101.

Date Remedy Implemented: June 10, 2025

## **WRITTEN NOTIFICATION: Residents' Bill of Rights**

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.**

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:

19. Every resident has the right to,

iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

The licensee has failed to ensure that the rights of a resident were fully respected and promoted when their personal health information was not kept confidential in accordance with the Personal Health Information Protection Act, 2004.

On two dates in June, 2025, a resident's confidential health information was observed unsecured. Staff #120 confirmed that the resident's personal information was required to be kept in a secured or with a staff member in attendance.

**Sources:** Observations on two dates in June, 2025; Policy 001050.00 Confidentiality of Information; Interview with staff #120.

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## WRITTEN NOTIFICATION: Duty to Protect

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

**Non-compliance with: FLTCA, 2021, s. 24 (1)**

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from emotional and physical abuse by two staff members.

Section 7 of the Ontario Regulation 246/22 defines emotional abuse as "any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident" and defines physical abuse as "the use of physical force by anyone other than a resident that causes physical injury or pain,"

A resident sustained pain as a result of an incident involving physical abuse towards the resident by two of the home's staff members. During the incident, the resident also endured emotional abuse by the two staff members. Interviews with members of the home's staff, and video footage of the incident substantiated that the abuse occurred and the resident was not protected.

Sources: Record review of the resident's electronic medical records, the home's investigation file, video footage of the incident; and interviews with the resident and the home's staff.

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## WRITTEN NOTIFICATION: Transferring and Positioning

NC #004 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 has failed to ensure that staff #113 and #115 used safe transferring and positioning devices or techniques when assisting the resident in June, 2025.

On a date in June, 2025, staff #113 and #115 were observed on video manually lifting a resident, putting the resident in an assistive device, and manually repositioning the resident using excessive force. The home's policy "Zero Lifts and Transfers" states "At no time should a resident be lifted manually to move from one location to another."

**Sources:** Record review of the home's policy "Zero Lifts and Transfers" and video footage dated June, 2025; interviews with staff #112, staff #113 and staff #116

## WRITTEN NOTIFICATION: Responsive behaviours

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments,

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reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that an assessment tool and a supplementary documentation tool, which were initiated for a resident, were documented as per the expectations of the home.

A resident had an order in PointClickCare (PCC) initiated in March, 2025, to ensure assessment/documentation completed on every shift. Record review of the resident's health records showed incomplete documentation on multiple days in June, 2025. Staff #124 confirmed documentation was expected to be completed each shift.

**Sources:** a resident's electronic and paper health records for June 2025; and Interview with the staff #124

**COMPLIANCE ORDER CO #001 Packaging of drugs**

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

**Non-compliance with: O. Reg. 246/22, s. 135**

Packaging of drugs

s. 135. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed.

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

A) Provide training to all registered staff who work on the main floor of the home on the home's policies for medication administration according to Best Medication

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Practices to ensure drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed and

B) Maintain a record of the training provided, what the training entailed, and when the training was completed.

**Grounds**

The licensee has failed to ensure that medication for several residents remained in the original labelled container ,or package, provided by the pharmacy service provider or the Government of Ontario until administered to a resident.

A complaint was received by the Ministry of Long-Term Care (MLTC) related to concerns about medication errors and resident safety.

A professional college reporting form submitted by the home to the professional college noted that in April, 2025, staff #123 was seen on video footage pre-pouring multiple resident's medications without checking the Medication Administration Record (MAR) for these residents. The home reported that when the cart was taken over, there were medications for several residents found in the drawers, pre-poured.

In an interview, staff #102 stated that they were informed by a staff in April, 2025 they had concerns related to staff #123 pre-pouring medication. Staff #102 reviewed the video footage for the date in question, and then also found medication pre-poured for four residents.

There was risk to residents when medication was pre-poured and medication administration practices were not followed.

**Sources:** Review of the professional college's reporting form, review of Medication

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Administration Policy No: 011015.00 last reviewed January 2025, and interview with staff #102.

**This order must be complied with by** August 1, 2025

**COMPLIANCE ORDER CO #002 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 (1) (b)**

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the resident's attending physician or the registered nurse in the extended class attending the resident and, if applicable, the prescriber of the drug and the pharmacy service provider. O. Reg. 66/23, s. 30.

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

**A) Provide training to all registered staff on the home's policy related to reporting Medication Incidents;**

B) Maintain a record of the training for all registered staff, what the training entailed, and when the training was completed; and

C) The DOC or designate will audit all medication incidents to ensure they have been reported as required until 30 consecutive days of adherence is achieved.



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**Grounds**

The licensee has failed to ensure that medication for several residents remained in the original labelled container, or package, provided by the pharmacy service provider or the Government of Ontario until administered to a resident.

A complaint was received by the Ministry of Long-Term Care (MLTC) related to concerns about medication errors and resident safety.

Review of a professional college reporting form noted a staff member was observed on video footage pre-pouring multiple resident's medications on a specific date without checking the Medication Administration Record (MAR). The pre-poured medications were noted by staff during the hand over of the medication cart, and the home's management was notified. There was risk to residents when medication was pre-poured and medication administration practices were not followed.

Sources: Review of the professional college's reporting form; review of Medication Administration Policy No: 011015.00, last reviewed January 2025; interview with the home's staff.

**This order must be complied with by** August 15, 2025

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).