

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

Hamilton District  
119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

## Public Report

**Report Issue Date:** April 23, 2026

**Inspection Number:** 2026-1032-0001

**Inspection Type:**  
Proactive Compliance Inspection

**Licensee:** Mississauga Long Term Care Facility Inc.

**Long Term Care Home and City:** Mississauga Long Term Care Facility,  
Mississauga

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: April 9-10, 13, 15-17, 20-23, 2026

The following intake was inspected:

- Intake: #00175418 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management  
Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Additional training — direct care staff

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

**Non-compliance with: FLTCA, 2021, s. 82 (7) 6.**

Training

s. 82 (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

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6. Any other areas provided for in the regulations.

The home's training records for 2025 indicate that not all direct care staff completed the required mandatory training for areas provided for in the regulations.

A) As per Ontario Regulation 246/22 s. 261 (1) 2, the home was required to provide skin and wound care training annually; however, the completion rate was 89.8%.

B) As per Ontario Regulation 246/22 s. 261 (1) 4, the home was required to provide pain management training annually; however, the completion rate was 90.6%.

**Sources:** Review of Surge learning records, staff interviews.

### **WRITTEN NOTIFICATION: Plan of care**

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

#### **Non-compliance with: FLTCA, 2021, s. 6 (1) (c)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

A resident's plan of care provided unclear directions to staff and others who provide direct care to the resident, specific to seating and positioning.

**Sources:** A resident's clinical records, staff interviews, observations of a resident.

### **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.

A staff member did not report a resident's pain to a registered staff as specified in a resident's plan of care.

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**Sources:** Observations, resident's clinical records, staff interview.

### WRITTEN NOTIFICATION: General requirements

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The annual pain evaluation completed for the year 2025 did not include the date of implementation for the summary of changes made.

**Sources:** Review of the annual pain evaluation (year 2025); staff interview.

### WRITTEN NOTIFICATION: General requirements

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

**Non-compliance with: O. Reg. 246/22, s. 34 (2)**

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

An assessment was conducted on a resident with a wound, but was not documented.

**Sources:** The home's Skin Care and Wound Management Program (last updated August 30, 2024), resident's clinical records, and staff interviews.

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## COMPLIANCE ORDER CO #001 Required programs

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

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.**

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:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

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

The Licensee shall ensure:

- 1) Selected registered staff are provided with education and re-training on the home's Pain Management Program, Version 1.4, with focus on identifying signs of pain, determining when to complete a pain assessment tool, and reviewing appropriate treatment strategies to manage pain.
- 2) Document and maintain a record of the education session of the program outlined in part 1. Records should include the date and time the review occurred, the names, title, and signature of who participated in the review, and the name of the person who conducted the review.

### Grounds

The licensee did not ensure that written policies developed for the pain management program were complied with.

A) Specifically, the home's Pain Management Program indicated the home was to conduct and document a pain assessment if behaviors were exhibited by a resident that may herald the onset of pain and residents experiencing pain must be treated immediately using non-pharmacological and pharmacological methods to maximize function and promote quality of life.

This did not occur for a resident, when pain was identified during care and required immediate intervention by a registered staff. Later that day, the resident was noted to be

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screaming with visible facial grimacing, and verbally stated they were experiencing pain.

The failure to complete a pain assessment and the absence of pain management interventions, including administration of pain medication, contributed to ongoing pain and a decline in the resident's quality of life.

**Sources:** The home's Pain Management Program (Version 1.4, updated November 4, 2025), resident's clinical records, and staff interview.

B) Specifically, the home's Pain Management Program indicated the home was to conduct and document a pain assessment upon initiation of pain medication or prn analgesic. A pain assessment was not documented for a resident when pain was identified and required immediate intervention by a registered staff.

The failure to complete a pain assessment led to missed opportunities for appropriate pain management interventions as it weakens clinical decision making and reduces transparency among staff.

**Sources:** The home's Pain Management Program (Version 1.4, updated November 4, 2025), resident's clinical records, and staff interviews.

**This order must be complied with by June 1, 2026**

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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  
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

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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, 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).