

**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

**Report Issue Date:** June 18, 2025

**Inspection Number:** 2025-1611-0003

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** The Regional Municipality of Peel

**Long Term Care Home and City:** Tall Pines Long Term Care Centre, Brampton

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 3-4, 6, 9-13, 17-18, 2025.

The inspection occurred offsite on the following date(s): June 5, 2025

The following intake(s) were inspected:

- Intake: #00149015 - Proactive Compliance Inspection.

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

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Residents' and Family Councils  
Food, Nutrition and Hydration  
Medication Management  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Quality Improvement

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Staffing, Training and Care Standards  
Residents' Rights and Choices  
Pain 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. 35 (4)**

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) 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 licensee has failed to ensure that the written record of the home's staffing evaluation included the date when the changes to the staffing plan were implemented.

On June 17, 2025, the home's staffing evaluation was revised to include the date when the changes to the staffing plan were implemented.

Sources: The home's 2024 Staffing Plan Requirements and Evaluation Tool, and an

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interview with a staff member.

Date Remedy Implemented: June 17, 2025.

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

**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 licensee has failed to ensure that the 2024 Skin and Wound Care Program Evaluation and the 2025 Pain Management Program Evaluation included the date of implementation of the previous year's initiatives.

**(A)** On June 17, 2025, the 2024 Skin and Wound Care Program Evaluation was revised to include the dates that changes in the program were implemented.

Sources: The home's 2024 Skin and Wound Care Program Evaluation Tool, and an interview with a staff member.

Date Remedy Implemented: June 17, 2025

**(B)** On June 17, 2025, the 2025 Pain Management Program Evaluation was revised

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to include the date that the change in the program was implemented.

Sources: The home's 2025 Pain Management Program Evaluation Tool, and an interview with a staff member.

Date Remedy Implemented: June 17, 2025

**WRITTEN NOTIFICATION: Air Temperatures**

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

**Non-compliance with: O. Reg. 246/22, s. 24 (2)**

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

The licensee has failed to ensure that the air temperatures were measured and documented to include at least two residents' bedrooms in different parts of the home, one resident common area on every floor of the home, which may include a lounge, dining area or corridor, and every designated cooling area.

A review of the home's Daily Temperature Log Forms Binder over the course of six months identified missing information such as air temperature measurements, locations, and the times the air temperatures were measured, as required on nine separate dates in 2025.

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There was risk for resident discomfort when the air temperatures were not measured and recorded at the required times.

Sources: Daily Air Temperature Log Forms Binder, and an interview with staff members.

**WRITTEN NOTIFICATION: Housekeeping**

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

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

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,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

The licensee has failed to ensure that procedures that were developed for cleaning and disinfecting contact surfaces were implemented, when the product that was being used on the first floor of the home for disinfection did not contain a Drug Identification Number (DIN). The home's Environmental Services Infection Control Program policy required that all hospital-grade disinfectant products used in the home have a DIN to ensure the effectiveness of the product, placing the home at risk for using an ineffective disinfectant.

Sources: Interviews with staff, review of Ecolab Peroxide Multi-Surface Cleaner label, review of Ecolab Peroxide Multi-Surface Cleaner Safety Data Sheet, and

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review of the home's policy titled "Environmental Services Infection Control Program".