

**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:** October 30, 2025

**Inspection Number:** 2025-1436-0004

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** 1245556 Ontario Inc.

**Long Term Care Home and City:** Burton Manor, Brampton

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: October 24, 27-30, 2025.

The following Complaint was inspected:

-Intake: #00156864 related to an allegation of abuse.

The following Critical Incident (CI) was inspected:

-Intake: #00156620 related to an allegation of abuse.

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

Skin and Wound Prevention and Management  
Prevention of Abuse and Neglect

## INSPECTION RESULTS

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**COMPLIANCE ORDER CO #001 Duty to protect**

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

The licensee must do the following:

1. Complete a root cause analysis of the identified Critical Incident (CI) related to abuse.
2. Review the grounds of this compliance order, and the outcome of the root cause analysis with all full-time and part-time Personal Support Workers (PSWs) and registered staff on an identified Resident Home Area (RHA).
3. Maintain a sign off sheet that confirms the completion of the review from item #2, which will include the date of the review, the full name of the staff who attended, their designation, and the signature of the staff member.
4. Provide education to all full-time and part-time PSWs and registered staff on the identified RHA related to the prevention, recognition, and reporting of resident abuse. This education must include reviewing case scenarios, and the respective staff's role and responsibility in responding to such incidents.

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5. Keep a record at the Long-Term Care Home (LTCH) of the education provided, including the staff members who received the education, the person(s) providing it, the content of the education, the date(s) it was provided and signatures of the staff indicating that they completed the education.

6. Maintain a written record of the actions taken for items #1 to #5. This record shall be made available to the Inspector upon request.

**Grounds**

The licensee has failed to ensure that a resident was protected from physical abuse.

In accordance with O. Reg. 246/22, s. 2 (1), "physical abuse" means, subject to subsection (2), (a) the use of physical force by anyone other than a resident that causes physical injury or pain.

For the purposes of clause (a) of the definition of "physical abuse" in subsection (1), physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances.

A staff member used excessive force when they provided care to a resident.

Another staff member and a student witnessed the incident, but did not intervene to ensure the resident's safety. The staff member continued working at the home following this incident as it was not reported as per the home's written policy to promote zero tolerance of abuse and neglect of residents.

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Sources: ZERO Tolerance of Resident Abuse/Suspected Abuse or Neglect Policy approved December 2024, the home's internal investigation notes; Interviews with a family member, the Director of Care (DOC) and other staff.

**This order must be complied with by** December 1, 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).