

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: December 1, 2025

Inspection Number: 2025-1432-0007

Inspection Type:

Proactive Compliance Inspection

Licensee: 955464 Ontario Limited

Long Term Care Home and City: Millennium Trail Manor, Niagara Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 20, 21, 24-28, 2025 and December 1, 2025

The following intake was inspected:

-Intake: #00162400 related to a Proactive Compliance Inspection (PCI Inspection)

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

- Infection Prevention and Control
- Safe and Secure Home
- Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Compliance with manufacturers' instructions

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

Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

A part of an equipment in a resident home area was broken, but was still being used by staff to provide care to the residents. The manufacturer instructions stated to not use the product if a part was damaged or missing.

Sources: Observation, manufacturer instructions, interview with staff.

WRITTEN NOTIFICATION: Infection Prevention and Control

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

Additional precautions were not followed in accordance with Additional Requirements 9.1(f) under the IPAC (Infection Prevention and Control) Standard for Long-Term Care Homes (April 2022, revised September 2023), specifically the proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal. On an identified date, two staff members were observed providing a resident, who was on additional precautions, direct care

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without wearing the required Personal Protective Equipment (PPE).

Sources: Observation, resident's clinical record, interview with staff.

COMPLIANCE ORDER CO #001 Doors in a home

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 12 (1) 3. [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

The licensee shall prepare, submit and implement a plan identifying how all doors leading to non-residential areas (dirty utility room, linen room, clean utility room, garbage chute) are kept closed/latched and locked at all times when they are not being supervised by staff. This plan must include, but is not limited to:

- 1-The short-term measures that will be implemented to ensure doors (clean utility room, linen room, dirty/soiled utility room doors) to non-residential areas are closed/latched and locked when they are not supervised by staff;
- 2-Assessment of the above identified doors to identify whether they are reliably securing, determine whether a repair or replacement is needed, and develop and

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implement a long-term solution by the compliance due date;
3-Provide a clear step by step plan as to how this solution will be implemented;
4-Identify the individuals responsible for monitoring and ensuring all non-residential doors function as required and how they will do this.

Please submit the written plan for achieving compliance for inspection (#2025-1432-0007) to the LTC Homes Inspector, MLTC, by email by an identified date.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

Several doors in the home leading to non-residential areas were not kept closed and locked when they were not being supervised by staff. Specifically, the Inspector checked these doors and made the following observations on three different identified dates:

- The dirty utility room door on a resident home area was not fully closed, not latched properly and not locked.
- The linen room door and the garbage chute door on different resident home areas were unlocked; the linen room door on another resident home area was not latched, not closed and not locked.
- The linen room door on a different resident home area was unlatched and unlocked.

The Maintenance Supervisor (MS) indicated that they were aware of the dirty utility room door of a specified home area not latching and locking as intended. MS stated that the door has been fixed, but it still needed to be replaced because the door was old and warped, which caused it to occasionally malfunction. MS stated that there were four additional doors that will be replaced for the same reasons.

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Sources : Observations and checking the doors, interview with staff.

This order must be complied with by an identified date

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

In the past 36 months, a CO under O. Reg. 246/22, s. 12(1)3. was issued (#2022-1432-0003) on Feb. 09,2023

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

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Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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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, 8th floor
Toronto, ON, M7A 1N3

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e-mail: 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, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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438 University Avenue, 8th Floor
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e-mail: 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.