

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: January 20, 2025

Inspection Number: 2025-1463-0001

Inspection Type:

Critical Incident
Follow up

Licensee: Mill Creek Care Centre

Long Term Care Home and City: Mill Creek Care Centre, Barrie

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6, 7, 8, 9, 10, 14, 15, 16, 17 and 20, 2025.

The following intake(s) were inspected:

- Intake: #00129732 - Follow-up to CO #001- O. Reg. 246/22 - s. 78 (3) (b) All foods in the food production system are prepared, stored, and served using methods to prevent adulteration, contamination and food borne illness
- Intake: #00129734 - Follow-up to CO #002 - O. Reg. 246/22 - s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack
- Intake: #00129733 - Follow-up to CO #003- O. Reg. 246/22 - s. 79 (1) 4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences
- Intake: #00130662; Intake: #00130848; Intake: #00131133 and Intake: #00131242 critical incidents related to allegations of staff to resident abuse and/or neglect
- Intake: #00131915 critical incident related to a missing controlled substance.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

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Order #001 from Inspection #2024-1463-0004 related to O. Reg. 246/22, s. 78 (3)
(b)

Order #003 from Inspection #2024-1463-0004 related to O. Reg. 246/22, s. 79 (1) 4.

Order #002 from Inspection #2024-1463-0004 related to O. Reg. 246/22, s. 77 (5)

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

- Resident Care and Support Services
- Continence Care
- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 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.

The licensee failed to ensure staff followed the care set out in the plan of care.

Oral care was provided twice a day instead of three times a day as per the plan of care.

Sources: resident's clinical records and interview with DOC

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WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee failed to ensure that when a resident reported an allegation of abuse/neglect, that they immediately reported the suspicion and the information upon which it was based to the Director:

Sources: Critical Incident System report (CIS), the home's interview with resident.

WRITTEN NOTIFICATION: Compliance with manufacturers' instructions

NC #003 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.

The licensee has failed to ensure that a resident who had history of skin breakdown that had a device in place, was used as per the manufacturer's instruction. The

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resident complained of pain due to the device not being utilized as per the manufacturers' instructions.

Sources: Care plan, manufacturers' instructions, interviews with PSW and RPN.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The licensee has failed to ensure that a resident exhibiting altered skin integrity, received immediate treatment to relieve pain. A resident expressed pain and the RPN did not administer as needed (PRN) pain medication as ordered. The pain medication was not administered until 11 hours later.

Sources: Electronic Medication Administration Record (eMAR), medication administration audit report, pain assessment, head to toe assessment, interview with RPN.

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

Dealing with complaints

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s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

Specifically, the licensee failed to provide a response within 10 business days upon receiving a written complaint.

The home received a letter of complaint related to the care of a resident and failed to provide their response within 10 business days.

Sources: CIS report.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (5) 2. ii.

Reports re critical incidents

s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

2. A description of the individuals involved in the incident, including,

ii. names of any staff members or other persons who were present at or discovered the incident, and

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The licensee has failed to ensure that when the home made a report in writing to the Director, regarding an allegation of improper care that resulted in pain and altered skin integrity, the home accurately specified the name of Personal Support Worker (PSW), who was involved in the incident.

Sources: CIS report, interview with PSW and DOC.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (5) 3. i.

Reports re critical incidents

s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

3. Actions taken in response to the incident, including,

i. what care was given or action taken as a result of the incident, and by whom,

The licensee has failed to ensure that when the home made a report in writing to the Director regarding an allegation of improper care of a resident that resulted in pain and altered skin integrity, the home accurately specified the action taken in response to the incident. On the CIS report, the DOC specified that pain medication was administered by a Registered Practical Nurse. No pain medication was administered after the incident.

Sources: CIS report, medication admin audit report, interview with RPN and DOC.

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COMPLIANCE ORDER CO #001 Policy to promote zero tolerance

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 25 (1) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

- How the home will ensure staff are following the home's Abuse and Neglect policy when there are reported allegations of abuse and/or neglect;
- Who will receive retraining, the type of retraining involved, including who will be responsible for the retraining and when it will be completed;
- The person(s) responsible for monitoring that the policy is being complied with, the frequency of monitoring and how it will be documented;
- The person(s) responsible for implementing an action plan if monitoring demonstrates the policy is not complied with; and
- Actions to address sustainability once the home has been successful in ensuring compliance with this policy.

Please submit the written plan for achieving compliance for inspection #2025-1463-0001 to LTC Homes Inspector, MLTC, by email to centralwestdistrict.mltc@ontario.ca by January 31, 2025.

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

Grounds

The licensee failed to ensure that the home complied with their written policy to promote zero tolerance of abuse and neglect.

Rational and Summary:

a) Two Personal Support Workers (PSW) reported an allegation of neglect of residents. The home failed to follow their investigation process according to their abuse and neglect policy.

Specifically, the home failed to obtain a written statement from both PSWs. Additionally, the home failed to conduct and document interviews on the two PSWs and other witnesses. Finally, the home failed to prepare a report describing the outcome of the investigation.

Sources: Abuse and neglect policy P-10 revised date April 3, 2024, CIS report, interview with Director of Care (DOC).

b) A resident reported to a PSW an allegation of abuse/neglect. There was no written statement obtained by the home from the PSW. The PSW was not interviewed by the home. There was no documentation by the Unit Supervisor or by management as to what the PSW reported to them or the date and time they reported it.

The interview done with the resident did not include the time of the interview, who was present during the interview, the author of the notes or where the interview took place.

The interviews done with two PSWs did not include a date and time of the interview, where the interview took place and the author of the interview notes.

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Sources: Home's investigation notes; Abuse and Neglect Policy P-10 review date April 3, 2024; CIS report; interview with DOC.

This order must be complied with by March 7, 2025

COMPLIANCE ORDER CO #002 Food production

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 78 (2) (d)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,

(d) preparation of all menu items according to the planned menu;

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 78 (2) (d) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

- How the home will ensure staff are following the home's recipes in preparation of all menu items according to the planned menu;
- The type of retraining involved, including who will be responsible for the retraining and when it will be completed;
- The person(s) responsible for monitoring that the recipes are being followed, the frequency of monitoring and how it will be documented;
- The person(s) responsible for implementing an action plan if monitoring demonstrates that recipes were not followed; and
- Actions to address sustainability once the home has been successful in ensuring compliance with ensuring that menu items are prepared in according to the planned menu.

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Please submit the written plan for achieving compliance for inspection #2025-1463-0001 to LTC Homes Inspector, MLTC, by email to centralwestdistrict.mltc@ontario.ca by January 31, 2025.

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

Grounds

The licensee failed to ensure that the Bacon, Lettuce and Tomato(BLT) sandwich and the Hot Roast Beef on Wheat with Gravy were prepared according to the planned menu.

Rational and Summary

During lunch on 2 West, it was observed that the BLT sandwiches were made without putting mayonnaise on one of the two slices of toast. A resident did not eat the bread of the BLT sandwich.

During lunch on 2 West, and 3 East it was observed that the Hot Roast Beef on Wheat with Gravy was not assembled as per the recipe. Gravy was placed inside the sandwich and cut diagonally and presented that it was a sandwich to be picked up.

Five residents did not eat the bread of the hot roast beef sandwich. A resident refused the sandwich. The resident's nutritional intake may have been impacted as they did not consume the bread and/or sandwich.

Sources: Observations during lunch on two different days; interviews with residents; BLT Sandwich recipe and Hot Roast Beef on Wheat with Gravy recipe.

This order must be complied with by February 28, 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, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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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:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
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.