Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: July 11, 2025

Inspection Number: 2025-1463-0004

Inspection Type:
Complaint
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): June 23-27, 30, 2025 and July 2-4, 7-11, 2025

The following intake(s) were inspected:

- Intake #00129731 - Follow-up #: 2 - CO #001_2024-1463-0003, O. Reg. 246/22 - s. 23.1 (3), Air Conditioning Requirements
- Intake #00144482, CI #2981-000035-25 - related to an outbreak
- Intake #00147488, CI #2981-000039-25 - related to the prevention of abuse and neglect
- Intake #00148166, CI #2981-000040-25 - related to an outbreak
- Intake #00148778 - Complaint regarding neglect of residents and concerns related to reporting
- Intake #00149115, CI #2981-000043-25 - related to the prevention of abuse and neglect

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2024-1463-0003 related to O. Reg. 246/22, s. 23.1 (3)

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

Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Safe and Secure Home
Responsive Behaviours
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting and Complaints

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 26 (1) (c)
Complaints procedure — licensee
s. 26 (1) Every licensee of a long-term care home shall,
(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee failed to ensure that they immediately forwarded to the Director any written complaints they received regarding the care of residents in the manner set out in the regulations.

The Director of Care (DOC) received written complaints regarding the care of two residents and did not forward them to the Director.

The homes Client Service Response (CSR) binder contained two additional complaints regarding the care of residents that were not reported to the Director within the same month.

Sources: Emails, review of the CSR binder for one month, and interview with the DOC.

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (i)
Licensee must investigate, respond and act
s. 27 (1) Every licensee of a long-term care home shall ensure that,
(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:
(i) abuse of a resident by anyone,

The licensee has failed to ensure an alleged incident of abuse of a resident that the licensee knew of was immediately investigated.

Long-term care home staff were aware of a concern between a resident and a staff member and this was not investigated immediately.

Sources: Abuse Policy P-10, reviewed March 14, 2025, homes investigation notes, a resident's progress notes; interview with DOC.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #003 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 has failed to ensure that a person who had reasonable grounds to suspect that abuse of a resident had occurred or may occur immediately reported the suspicion and the information upon which it was based to the Director.

Long-term care home staff were aware of a concern between a resident and a staff member. This information was not reported to the Director until a week later.

Sources: A resident's progress notes; Interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.
Responsive behaviours
s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

The licensee failed to ensure that written strategies, including techniques and interventions to prevent, minimize, or respond to responsive behaviours, were developed and implemented.

a) A resident had multiple incidents of responsive behaviours in a three month period. No individualized written strategies or interventions were developed or implemented to manage or de-escalate the residents' behaviours and a focus on responsive behaviours was not added to the resident care plan until just before the end of the three month period.

Sources: A resident's care plan, progress notes and interview with staff.

b) A resident's care plan contained no written instructions for staff on behaviour management, such as strategies to implement when the resident was introduced to a trigger.

The resident's care plan stated specific triggers and the resident continued to engage with these triggers. This may have contributed to multiple incidents of verbal or physical altercations between residents.

Sources: a resident's care plan, Kardex, Point of Care (POC), interviews with staff.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (1) 3.
Responsive behaviours
s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
3. Resident monitoring and internal reporting protocols.

a) The licensee failed to ensure that reporting protocols were developed to meet the need of residents with responsive behaviours.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the Responsive Behaviour Management program are complied with. Specifically, the home's Responsive Behaviour policy indicated that the unit supervisor would contact the Behaviour Support Manager or their delegate using the Behaviour Support Manager Referral and Follow up assessment in Point Click Care (PCC).

The Behaviour Support Manager stated that the homes current referral process to the home's Behaviour Supports Ontario (BSO) team was informal via verbal report or email, and that staff do not use the referral system in PCC.

Sources: A resident's clinical records, Interviews with Behaviour Support Manager, Behaviour Support Manager Referral and Follow up Assessment and the home's Responsive behaviour policy: titled "Responsive Behaviour Philosophy": Responsive Health Management 2010, Revised May 25, 2025; 94 pages.

b) The licensee failed to ensure that the required monitoring and internal reporting

protocols were completed for a resident, as outlined in the Behavioural Supports Ontario – Dementia Observation System (BSO-DOS) requirements.

Documentation of the BSO-DOS tracking for a resident was not completed throughout multiple required observation periods.

The Behaviour Support Manager confirmed that DOS documentation is frequently incomplete or inconsistent, despite ongoing education efforts.

On a day shift, it was observed that a PSW did not have the DOS tracking binder with them and they were not recording the residents behaviours every 30 minutes as required.

Sources: BSO-DOS Tracking Sheet, a resident's clinical records, Interviews with staff.

WRITTEN NOTIFICATION: Safe storage of drugs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(ii) that is secure and locked,

The licensee has failed to ensure that drugs were secured and locked.

Two bottles of Acetaminophen were stored in an unlocked cupboard in an unoccupied employee's office within a resident home area.

Sources: Observation, and interviews with staff.

WRITTEN NOTIFICATION: Administration of Drugs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that drugs were administered to a resident in accordance with the directions for use specified by the prescriber.

The physician was contacted as a resident had a specific medical concern. The physician ordered a medication and a specific course of action to be taken. The physicians order was not followed. There was no communication back to the physician in regards to the order not being followed.

Sources: a resident's clinical record, interviews with staff.

COMPLIANCE ORDER CO #001 Duty to protect

NC #008 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 shall:

a) Develop a process as to how PSW's can alert registered staff to the refusals of care so the registered staff can do a follow up assessment as to why the refusal is happening. The alert and the follow up assessment notes are to be part of the residents clinical record.

b) Explore the options in Point of Care/Point Click Care to have fluid documentation recorded in milliliters instead of a percentage. If the home so chooses to continue documentation in percentage there should be a set amount of fluid that is offered to each resident at each meal and nourishment so staff record the percentage based on a standard amount. Provide education to direct care staff on the process selected by the home. The home shall keep a copy of the education provided, who received the education and the date it was provided.

c) Complete an audit of PSW staff on all units for all three meals and nourishments to ensure documentation of fluid intake is accurate and that alerts are being generated to the registered staff for follow up. The audit shall include the date, what meal or nourishment was audited, amount of fluids offered to resident, amount of fluid consumed, amount of fluid PSW documented as consumed, and any corrective action taken. The audit shall be completed for a minimum of two weeks and continue until no inconsistencies are found.

d) Explore options available to have secure conversations and email conversations with the NP and physicians to become part of the residents clinical record. Document the options explored and the outcome.

e) Complete a review as to why a specific medication order was not processed until two days later.

f) Audit a minimum of five residents weekly that have new medication orders to ensure orders are processed properly and all checks are completed in a timely manner to ensure medications are administered as prescribed by the prescriber.

The audit will be completed for a minimum of two weeks or until no deficiencies are identified. Audits will be done on all units and include the name of the resident audited, who completed the audit, date and time of audits, concerns identified and corrective actions taken. The audits shall be kept available in the home.
g) Develop a case study about staff to resident sexual abuse and present this case study to all direct care staff who work on a specific unit. The presentation should also include education about staff members duty to report, professional boundaries and the power imbalance between staff and residents. The home will keep a copy of the case study and documentation showing when the case study was presented, who attended the presentation and who presented the case study.
h) Develop a process in the home to track any staff members with histories of abuse and neglect to residents. The home should have a process in place to identify any trends with staff members in regard to abuse and neglect of residents, to be able to take any additional action, if needed.

Grounds

a) The licensee failed to ensure that a resident was not neglected by the licensee or staff.

For the purposes of the Act and this Regulation, "neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

A resident had a decline in condition without appropriate steps being taken. The residents food and fluid intake was low over a specific period of time, they refused oral medications and oral care. A medication was ordered for the resident but it was not administered until two days later.

The lack of action taken regarding the resident's poor food and fluid intake and refusal of medications contributed to a decline in the resident's health condition and the need for further medical intervention to be initiated.

Sources: a resident's clinical records, homes investigation notes, Encouraging Fluid Intake Policy C-10-62 revised May 6, 2024, interviews with staff.

b) The licensee has failed to ensure that a resident was protected from abuse by a staff member.

A staff member engaged in inappropriate behaviour with a resident.

Sources: A resident's progress notes, geriatric clinic notes, homes internal investigation; interviews with the resident and staff.

c) The licensee failed to ensure that a resident was protected from abuse by another resident.

Section 2 of the Ontario Regulation 246/22 defines physical abuse as "the use of physical force by a resident that causes physical injury to another resident".

A resident expressed physical aggression toward another resident which resulted in injury.

Sources: Critical Incident Report, residents clinical records, and interview with staff.

This order must be complied with by August 22, 2025

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:

CO issued in the last 36 months.

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

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.

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021,the licensee is subject to a re-inspection fee of $500.00 to be paid within 30 days from the date of the invoice.
A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.
second follow up for AC follow up

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.

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

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
Toronto, ON, M5S 1S4

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

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.