

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: August 27, 2025

Inspection Number: 2025-1463-0005

Inspection Type:

Proactive Compliance Inspection

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): August 11-14, 18-20, & 25-27, 2025

The inspection occurred offsite on the following date(s): August 22, 2025

The following intake(s) were inspected:

- Intake: #00154780 related to Proactive Compliance Inspection

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

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

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Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
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. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

Inspector observed a window opened greater than 15cm. Inspector notified the home, who then reported the window had been repaired. The window no longer opened greater than 15cm when Inspector reviewed one day later.

Sources: Inspector's observation

Date Remedy Implemented: August 12, 2025

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

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 when medications were found unsecured. The staff remedied this by securing the medications.

Sources: Observations and Interview.

Date Remedy Implemented: August 11, 2025

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

- s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
- (c) clear directions to staff and others who provide direct care to the resident; and

The licensee failed to ensure that a resident's plan of care provided clear directions to staff and others who provide direct care to the resident.

Sources: Resident clinical records, Interviews with staff, meal observation.

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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) (i)

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,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The Licensee failed to ensure that a resident's altered skin integrity received an assessment using a clinically appropriate assessment instrument specifically designed for skin and wound assessment.

Sources: Resident Clinical Record, Staff interviews.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (d)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(d) a system to monitor and evaluate the food and fluid intake of residents with

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identified risks related to nutrition and hydration; and

The licensee failed to ensure there was a system to monitor and evaluate the fluid intake of a resident with identified risks related to nutrition and hydration.

Sources: Resident Plan of Care, Hydration Policy, Interview with staff, Dining observation.

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

The licensee failed to ensure that staff assisting residents are aware of the residents' diets, special needs and preferences.

Sources: Meal observations, Residents' Plan of Care and interviews with staff.

WRITTEN NOTIFICATION: Drug destruction and disposal

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

Non-compliance with: O. Reg. 246/22, s. 148 (2) 2.

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Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

The licensee failed to ensure that narcotic and controlled surplus drugs were kept in a double-locked storage area of the home until disposal occurred.

Sources: Observations, Interviews, Policy