

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 23, 2025

Inspection Number: 2025-1463-0007

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): October 1-3, 7-10, 14-16, and 20-23, 2025.

The following intake(s) were inspected:

- Intake: #00151700- related to the home's responsive behaviour program.
- Intake: #00154772- Intake: #00156280, and Intake: #00156281, related to allegations of improper care by staff.
- Intake: #00156608- related to fall prevention.
- Intake: #00158231- complaint regarding multiple care concerns.
- Intake: #00153401- Follow-up Compliance Order #: 1 - FLTCA, 2021 - s. 24 (1)

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1463-0004 related to FLTCA, 2021, s. 24 (1)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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 that a resident's care planned items were in place as per the plan of care. As a result, the resident sustained an injury that required treatment in hospital.

Sources: Review of the residents' care plan, progress notes, point of care

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documentation (POC), electronic medical record (eMAR).

WRITTEN NOTIFICATION: Transferring and positioning techniques

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee failed to ensure that a resident was transferred using safe transferring techniques.

Staff did not follow the resident's plan of care and the resident was injured while being transferred. As a result, they suffered pain that was not relieved by analgesic and was sent to the hospital for assessment.

Sources: review of resident's progress notes, care plan, lift and transfer assessments, home's investigation notes, interview with PSWs.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (1) 4.

Skin and wound care

s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:

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4. Treatments and interventions, including physiotherapy and nutritional care. O.
Reg. 246/22, s. 55 (1).

The licensee failed to comply with the home's skin care and wound management program when staff did not put in place treatments for wound care, or interventions to monitor for infection when a resident acquired an area of impaired skin integrity.

In accordance with O. Reg. 246/22, s. 11(1)(b), the licensee is required to ensure that written policies developed for skin and wound care program are complied with.

Specifically, the home's skin care and wound management program required staff to assess the skin impairment and put treatments and interventions in place as per their wound management protocol as well as document each dressing change, and changes in the wound appearance.

A resident acquired an area of impaired skin integrity and the home did not implement treatment interventions, apply dressings, or monitor for infection.

Sources: review of resident progress notes, treatment administration record (eTAR), eMAR, skin and wound assessments, care plan, policy, interview with RN and Director of Care.

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

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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 received immediate treatment when they exhibited altered skin integrity on multiple occasions.

On multiple dates the home failed to provide immediate treatment to promote healing and prevent infection of the residents' areas of impaired skin integrity. The impaired skin integrity required dressing changes, and on multiple occasions the impaired skin was left without a dressing being applied and incidents where no dressing change was completed as per their plan of care. As a result, the resident developed infection that required hospitalization.

Sources: Resident's progress notes, skin and wound assessments, Interviews with Skin and Wound Lead, DOC, resident observation.

WRITTEN NOTIFICATION: Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee failed to ensure when a resident had pain, and their analgesic was not effective, they were assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

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A resident was given an analgesic for pain. The effectiveness of the analgesic was documented by a registered staff member as ineffective. The registered staff member did not complete a comprehensive pain assessment, or any other pain assessments using a clinically appropriate assessment instrument.

Sources: review of resident's progress notes, comprehensive pain assessments, eMAR, policy.

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (5)

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee failed to ensure that tomato juice was offered to all residents at meal service.

On a specified date, tomato juice was listed as a planned menu item on the posted daily menu.

The tomato juice was not offered to all residents in the dining room.

Sources: meal service observations, interview with Food Service Manager, pictures of daily posted menu and beverage cart.

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COMPLIANCE ORDER CO #001 Pain management

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

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

The Licensee shall:

A) Provide education to the staff member on the home's pain management policy. The education must be documented and include who provided the education, date the education was provided, and the information presented. A copy of the education must be kept in the home.

B) Develop case scenarios as part of the education in part A.

C) Review best practice guidelines for pain assessment and management, such as the RNAO's Best Practice Guidelines. Taking into consideration the best practice guidelines, develop and implement a process to include pain management into the home's daily interprofessional rounds. The interprofessional rounds must be documented and kept on file.

D) Re-evaluate and consider streamlining the applicable policies and appendices. Document the re-evaluation of the applicable policies and ensure that if changes

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and streamlining were made, the changes are documented.

E) Provide education to all Registered Staff, interdisciplinary team members, and management team on how to access the home's relevant applicable policies and appendices. The education must be documented.

Grounds

The licensee failed to comply with the home's Pain Management Program when a registered staff member did not take action when a resident's pain was not managed despite administration of an initial dose of an analgesic.

In accordance with O. Reg. 246/22, s. 11(1)(b), the licensee is required to ensure that written policies developed for the home's pain management program are complied with.

Specifically, the home's pain management program instructed staff to assess the effectiveness of pain management strategies, and when the strategies were not effective, to notify the physician for alternate pain control measures, and include the interdisciplinary team in the pain management strategies.

A resident fell on a specific date and sustained an injury. The Physician ordered an analgesic to be administered a specific amount of times per day. After the initial dose of analgesic, the resident was assessed and continued to have pain. The staff member failed to take action and communicate with the Physician to re-evaluate pain strategies. The resident was subsequently sent to the hospital for unmanaged pain and diagnosed with an acute injury. Furthermore, on their return from hospital, the resident was assessed to be in pain on multiple occasions and was not provided an analgesic as ordered by the physician.

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Sources: resident's progress notes, RNAO pain assessment, PAINAD assessments, eMAR, hospital discharge report, policy, interviews with Registered Nurses, DOC and a resident.

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, 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
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.