

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: February 6, 2026

Inspection Number: 2026-1463-0001

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): January 19 - 23, 26, - 30, 2026, and February 2, - 6, 2026.

The following intake(s) were inspected:

-Intake: #00160918, Follow-up #: 1 - O. Reg. 246/22 - s. 57 (1) 2. Pain Management.

-Intake: #00163492, and Intake: #00165373, concerns related to allegations of neglect of residents.

-Intake: #00165435: Allegation of improper care of a resident.

-Intake: #00166053: Related to fall prevention.

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 #2025-1463-0007 related to O. Reg. 246/22, s. 57 (1) 2.

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

- Contenance Care
- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Responsive Behaviours
- Reporting and Complaints
- Pain Management
- 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 (1) (a)

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,

(a) the planned care for the resident;

Fall prevention interventions that were in place for a resident were not specified in the residents plan of care.

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Sources: review of the resident's plan of care, home's investigation notes, and interview with the home's fall lead.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

A resident was receiving a specific treatment prior to their admission to the home. After their admission, this treatment was delayed due to lack of communication between the home staff and the physician.

Sources: progress notes, Ontario Health at Home referral, referral to the community clinic, and interview with the assistant director of care (ADOC).

WRITTEN NOTIFICATION: Complaints procedure — licensee

NC #003 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

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format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The home did not submit concerns to the Director immediately as required when they received complaints from a resident's family member.

Sources: review of the home's complaint log, email communication and interview with the Executive Director.

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

A resident had a worsening area of impaired skin integrity, which was referred to the Skin and Wound Lead. There was no documentation of the follow up completed by the Skin and Wound Lead on the residents clinical record.

Sources: resident progress notes, skin and wound lead referral, review of clinical chart and interview with skin and wound lead.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (1) 2.

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Skin and wound care

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

2. Strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents.

The home's skin and wound program indicated that as it relates to wounds, infection prevention and control practices involve protocols to minimize infection risk, including the use of clean zones and aseptic technique.

Wound care was completed for a resident in a public common area that should have been completed in a private controlled setting.

Sources: photo of common area, Skin and Wound Policy; interview with Skin and Wound Lead.

WRITTEN NOTIFICATION: Skin and wound care

NC #006 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,

A resident was admitted to the home with an area of impaired skin integrity. They

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did not have an assessment completed using an appropriate assessment instrument that was specifically designed for skin and wound care until a week after their admission to the home.

Sources: review of progress notes and the skin and wound application assessment, and interview with the home's skin and wound care lead.

WRITTEN NOTIFICATION: Skin and wound care

NC #007 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,

A resident was admitted to the home with an area of impaired skin integrity. Immediate treatment interventions were not completed or put in place to treat the impairment until several days after their admission.

Sources: review of progress notes, skin and wound care assessment and interview with the skin and would lead.

WRITTEN NOTIFICATION: Continence care and bowel management

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NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

A resident had a continence assessment completed when they were admitted to the home. The results of the assessment indicated that the resident would benefit from an individualized toileting plan. The individualized toileting plan was not implemented.

Sources: review of progress notes, plan of care, point of care documentation, and interview with a PSW and the home's Continence Care Lead.

WRITTEN NOTIFICATION: Responsive behaviours

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

A resident had a history of responsive behaviours. When the specific interventions outlined in their plan of care were not successful, the home did not document their

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re-evaluation or reassessment of the responsive behaviour interventions or continue to trial additional interventions or strategies to assist the resident.

Sources: review of progress notes, plan of care, Behaviour Support consult notes, and interview with personal support worker (PSW) and registered practical nurse (RPN).

COMPLIANCE ORDER CO #001 Skin and wound care

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

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,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 55 (2) (b) (iv) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

A) How the home will ensure staff are following the home's Skin and Wound Care Program, including appropriate use of the application "WoundRounds";

B) How the home will address and eliminate the action of registered staff copying previous skin and wound assessments in the WoundRounds application to ensure accurate individualized skin and wound assessments for residents with impaired

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skin integrity;

C) How the home will ensure that weekly skin and wound assessments are being completed, and the assessments are individualized to ensure accurate etiology, location, size, tissue type present in the wound bed, exudate, odour, undermining or tunnelling, periwound, presence of infection, pain and correct dressing type application;

D) How the home will monitor and follow up to ensure that appropriate treatment protocols are in place for new, chronic, acute, and deteriorating wounds;

E) Who will receive retraining, the type of retraining involved, including who will be responsible for the retraining and when it will be completed;

F) The person(s) responsible for monitoring that the policy is being complied with, the frequency of monitoring and how it will be documented;

G) The person(s) responsible for implementing an action plan if monitoring demonstrated that the policy is not complied with; and

H) 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 #2026-1463-0001 to Kim Byberg (729), LTC Homes Inspector, MLTC, by email to centralwestdistrict.mltc@ontario.ca by February 23, 2026.

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

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Grounds

A) A resident had multiple areas of impaired skin integrity that required weekly skin and wound assessments. Over several months, it was identified that the weekly assessments had been copied from week to week without an actual assessment of the wound. This practice caused a delay appropriate treatment and notification of the skin and wound lead or physician.

Sources: review of skin and wound assessments, electronic medical records, interview with the skin and wound lead.

B) A resident had multiple areas of impaired skin integrity. For multiple weeks, it was identified that the weekly assessments for these areas of impaired skin integrity were not completed accurately. One of the areas of impaired skin integrity was deteriorating, however, this was not identified in the weekly assessments.

Sources: review of skin and wound assessment, progress notes, Skin and Wound Policy; interview with Skin and Wound Lead.

This order must be complied with by May 8, 2026

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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
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.