

**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 23, 2025

**Inspection Number:** 2025-1611-0001

**Inspection Type:**

Critical Incident

**Licensee:** The Regional Municipality of Peel

**Long Term Care Home and City:** Tall Pines Long Term Care Centre, Brampton

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 20-23, 2025

The following Critical Incident (CI) intakes were inspected:

- Intake #00129817, related to falls prevention and management
- Intake #00136219, related to a respiratory outbreak

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

Infection Prevention and Control  
Falls Prevention and 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

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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. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the additional requirement under section 7.3 (b) of the Infection Prevention and Control (IPAC) Standard issued by the Director was followed.

Specifically, the licensee has failed to ensure that audits were performed regularly to ensure that all staff could perform the IPAC skills required of their role, when names of all staff audited were not included in the home's Hand Hygiene and Personal Protective Equipment (PPE) audits.

**Sources:** the home's hand hygiene and PPE audits, IPAC Standard (2023) and an interview with the Program Support Nurse (PSN)/IPAC Lead.

Date Remedy Implemented: January 22, 2025

**WRITTEN NOTIFICATION: Infection prevention and control program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection

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prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the additional requirement of the IPAC Standard issued by the Director, section 9.1 (f) related to PPE selection and application for Additional Precautions was followed.

Specifically, the licensee has failed to ensure that two staff wore the required PPE when they provided care to a resident who was on Additional Precautions. When staff did not use the appropriate PPE required for Additional Precautions, there was a risk of transmission of pathogen microorganisms.

**Sources:** Long-Term Care Homes (LTCH) Inspector's observations, IPAC Standard (2023), the home's routine practices and additional precautions policy, a resident's care plan, Region of Peel Additional Precautions signage and interviews with staff and the PSN/IPAC Lead.