

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** May 9, 2025

**Inspection Number:** 2025-1451-0003

**Inspection Type:**

Complaint

Critical Incident

**Licensee:** The Mennonite Home Association of York County

**Long Term Care Home and City:** Parkview Home Long-Term Care, Stouffville

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 5-9, 2025

The following intake(s) were inspected:

An intake related to prevention of abuse

An intake related to complaint about improper care and prevention of abuse and neglect

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

Skin and Wound Prevention and Management

Infection Prevention and Control

Prevention of Abuse and Neglect

Reporting and Complaints

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Complaints procedure-Licensee

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 has failed to immediately forward a written complaint concerning allegation of abuse and improper care to a resident.

In accordance with O. Reg 246/22 s. 109 (1), a complaint that a licensee is required to immediately forward to the Director under clause 26 (1) (c) of the Act, is a complaint that alleges harm or risk of harm, including but not limited to physical harm, to one or more residents.

The home's Director of Care (DOC) confirmed that the complaint letter was not forwarded to the Director, however they had conducted investigations immediately.

**Sources:** The complaint letter, interview with the DOC

## WRITTEN NOTIFICATION: Skin and wound care

NC #002 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

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- 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 has failed to ensure that a resident received a skin assessment using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

The resident's clinical records indicated that they sustained multiple altered skin integrities to different parts of their body. No initial skin and wound evaluation assessment documentation was completed according to such sustained skin impairments. The missing appropriate assessments compromised the proper monitoring of the progression of the skin impairments.

**Sources:** The resident's clinical records, interviews with multiple staff and the home's Assistant Director of Care (ADOC)/Skin and Wound Program Lead.

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

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