

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: February 6, 2026

Original Report Issue Date: January 20, 2026

Inspection Number: 2026-1028-0001 (A1)

Inspection Type:

Critical Incident

Licensee: Maplewood Nursing Home Limited

Long Term Care Home and City: Maple Manor Nursing Home, Tillsonburg

AMENDED INSPECTION SUMMARY

This report has been amended to:

Compliance order (CO) #003 was amended to correct that the CO was issued under FLTCA, 2021, s. 154 (1) 2. for Non-compliance with: O. Reg. 246/22, s. 252 (3) In part A of the (CO) s. 262 was documented not s.252, this was the only amendment made to this report.

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Amended Public Report (A1)

Amended Report Issue Date: February 6, 2026
Original Report Issue Date: January 20, 2026
Inspection Number: 2026-1028-0001 (A1)
Inspection Type: Critical Incident
Licensee: Maplewood Nursing Home Limited
Long Term Care Home and City: Maple Manor Nursing Home, Tillsonburg

AMENDED INSPECTION SUMMARY

This report has been amended to:
Compliance order (CO) #003 was amended to correct that the CO was issued under FLTCA, 2021, s. 154 (1) 2. for Non-compliance with: O. Reg. 246/22, s. 252 (3) In part A of the (CO) s. 262 was documented not s.252, this was the only amendment made to this report.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 7, 8, 9, 12, 13, 16 and 20, 2026

The inspection occurred offsite on the following date(s): January 14, 15 and 19, 2026

The following intake(s) were inspected:

- Intake: #00156658 - related to abuse and neglect
- Intake: #00164200 - related to improper care
- Intake: #00165044 - related to falls prevention

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to Protect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. A resident was not protected from sexual abuse by another resident as documented in the incident note.

O. Reg 246/22 - Definition of Sexual Abuse "sexual abuse" means,

(b) any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member;

Director of Care (DOC) and Administrator confirmed the home has zero tolerance for abuse and this incident had occurred.

Sources: Abuse and Neglect policy, record review CIS report, incident note and interviews with DOC and Administrator.

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

A incident occurred related to improper/incompetent treatment or care of a resident that results in harm or risk to a resident.

The DOC confirmed that the incident was reported the next day to the Director and should have been reported immediately.

Sources: Review of the CIS, the clinical records of a resident and interviews with DOC

WRITTEN NOTIFICATION: Staff Records

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

Non-compliance with: O. Reg. 246/22, s. 278 (1) 1.

Staff records

s. 278 (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that a record is kept for each staff member of the home that includes at least the following with respect to the staff member:

1. The staff member's qualifications, previous employment and other relevant experience.

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Staff records were not kept for employees of the licensee, that included the staff member's previous employment, other relevant experience and the results of the staff member's police record check.

The Fixing Long Term Care Act, 2021, s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

- (a) as employees of the licensee,
- (b) pursuant to a contract or agreement with the licensee, or
- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

The licensee hired four agency staff members and the Director of Care (DOC) and Administrator confirmed there were no staff records for the agency staff working in the home.

Sources: the homes staff records and interviews with DOC and Administrator

COMPLIANCE ORDER CO #001 Transferring and positioning techniques

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

The licensee shall:

1. Provide training to A Personal Support Worker (PSW) #104 to align with the home's policy on:
 - two-person transfers with sit to stand lifts
 - resident care planning.
2. Keep a documented record of this retraining the dates it was completed, who did the training and the content of the training.

Grounds

Personal Support Worker (PSW) did not use safe transferring techniques when transferring a resident.

This resulted in injury to the resident when they did not follow the resident care plan as confirmed by the Director of Care (DOC).

Sources: Review of resident clinical records, CIS reports and interviews with staff.

This order must be complied with by February 20, 2026

COMPLIANCE ORDER CO #002 Staff Training

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 82 (2)

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 28 to make mandatory reports.
5. The protections afforded by section 30.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations.

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

The licensee shall:

- A) Review and revise as necessary, its process for ensuring all staff hired pursuant to a contract, receive training in the Residents' Bill of Rights, the home's mission statement, the home's policy to promote zero tolerance of abuse and neglect of residents, mandatory reporting, whistle blowing, the home's policy to minimize the restraining of residents, fire prevention and safety, emergency and evacuation procedures, and infection prevention and control, before performing their responsibilities. Keep a record of this review, who participated, the date it occurred, and any changes made.

- B) Ensure that all new staff hired pursuant to a contract, receive training in the Residents' Bill of Rights, the home's mission statement, the home's policy to promote zero tolerance of abuse and neglect of residents, mandatory reporting, whistle blowing, the home's policy to minimize the restraining of residents, fire prevention and safety, emergency and evacuation procedures, and infection

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

prevention and control, before they perform their responsibilities. Keep a record of training completed, who participated and dates completed.

C) Complete an audit of training for all current staff hired pursuant to a contract, to determine if any staff working have not received training in the Residents' Bill of Rights, the home's mission statement, the home's policy to promote zero tolerance of abuse and neglect of residents, mandatory reporting, whistle blowing, the home's policy to minimize the restraining of residents, fire prevention and safety, emergency and evacuation procedures, and infection prevention and control. Keep a record of the audit, date completed, who completed it, and results. Ensure that for any staff identified in the audit as not having completed the training, the training is provided and keep a record of the training.

Grounds

Employees of the licensee, including staff hired pursuant to a contract, had not received orientation training before performing their responsibilities in the home. According to the Fixing Long-Term Care Act, 2021, the definition of "staff", in relation to a long-term care home, means persons who work in the home,

- (a) as employees of the licensee,
- (b) pursuant to a contract or agreement with the licensee, or
- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel").

During an interview with an agency staff member, they stated that they had not received orientation training specific to the home and their role.

The home's Director of Care (DOC) and Administrator confirmed that four staff members who were contracted through a agency had not received orientation training prior to working in the home.

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Sources: Interview with agency staff member, Interview with the Director of Care (DOC) and the Administrator, and record review of the contracted agency staff.

This order must be complied with by February 20, 2026

COMPLIANCE ORDER CO #003 Hiring staff, accepting volunteers

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 252 (3)

Hiring staff, accepting volunteers

s. 252 (3) The police record check must be a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, and be conducted to determine the person's suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect.

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

The licensee shall:

A) Review and revise as necessary its process for ensuring that all staff hired pursuant to a contract have a valid Vulnerable Sector Check that complies with the requirements of s. 252 of O. Reg. 246/22, including that it was conducted within six months before their date of hire. Keep a record of this review, who participated, the date it occurred, and any changes made.

B) Implement the reviewed/revised process to ensure that all new staff hired pursuant to a contract have a valid Vulnerable Sector Check conducted by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015, before they perform their duties.

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

C) Complete an audit of all current staff hired pursuant to a contract to determine if staff working have a valid Vulnerable Sector Check conducted by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015, and conducted within six months before the staff member was hired. Keep a record of the audit, date completed, who completed it and results. Ensure that any staff identified in the audit as not having a valid Vulnerable Sector Check cease working in the home until a valid negative check has been completed.

Grounds

Records were not kept for staff of the home that included results of the staff member's police record check.

The Fixing Long Term Care Act, 2021, s. 2 (1) states: "staff", in relation to a long-term care home, means persons who work at the home,

- (a) as employees of the licensee,
- (b) pursuant to a contract or agreement with the licensee, or
- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

The licensee did not ensure when they hired four agency staff members that a police record check which was a vulnerable sector check (VSC) was completed and negative.

Interviews with the Director of Care (DOC) and Administrator confirmed there were no human resources files for the agency staff working in the home that included VSC records.

Sources: the homes staff records and interviews with DOC and Administrator.

This order must be complied with by February 20, 2026

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

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

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

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:

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

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.