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: April 24, 2026
Inspection Number: 2026-1636-0003
Inspection Type:
Proactive Compliance Inspection
Licensee: Mon Sheong Foundation
Long Term Care Home and City: Mon Sheong Stouffville Long-Term Care Centre, Stouffville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 9-10, 13-17, 20-24, 2026
The following intake(s) were inspected:
-An intake related to a Proactive Compliance Inspection

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

Medication Management
Food, Nutrition and Hydration
Safe and Secure Home
Quality Improvement
Palliative Care
Pain Management
Skin and Wound Prevention and Management
Resident Care and Support Services
Residents' and Family Councils
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Air temperature

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (1)
Air temperature
s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The home’s air temperature logs for a specified month, consistently recorded temperatures below 22 degrees Celsius in the dining areas on three Resident Home Areas (RHAs). The home’s staff acknowledged that the home is to be maintained at a minimum of 22 degrees Celsius.

Sources: the home's air temperature logs and interviews with staff.

WRITTEN NOTIFICATION: Administration of drugs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The Registered Practical Nurse (RPN), did not administer medications to a resident as per the directions.

Sources: Observation of the medication administration, Review of Clinical records, Interviews with the RPN.

WRITTEN NOTIFICATION: CMOH and MOH

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable

directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The Chief Medical Officer of Health's recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings were not followed when an expired Alcohol-Based Hand Rub (ABHR) was observed on a Resident Home Area.

Sources: Observations, Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, and interviews with staff.

COMPLIANCE ORDER CO #001 Skin and wound care

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (e)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1. The home will provide education to all registered nursing staff, including agency staff, working on the specified Resident Home Areas (RHAs) on the expected referral process to the home's Registered Dietitian (RD) in relation to skin and wound conditions.

The education will include review of the skin conditions that would be appropriate for referral to the RD as well as review of the home's expected referral process.

The home shall produce a list of the registered nursing staff required to complete the education.

Documentation of the education must include: the date of the education, the full names and designations of the educators and participants, the content of the education, and confirmation that each required participant completed the education (e.g. attendance records, completion acknowledgement, signoffs).

Documentation must be retained and provided to the Inspector upon request.

2. The home's Skin and Wound Lead, Skin and Wound Champion, Registered Dietitian, and/or designate will develop and implement a process to track referrals being made to the home's RD in relation to residents exhibiting skin conditions that are likely to require or respond to nutrition intervention.

The developed tracking process shall be implemented on the specified RHAs for a period of four consecutive weeks.

The home shall maintain documentation related to the developed tracking process and any instances in which the tracking process determined that a required referral was not generated, as well as any corrective actions taken in response to referrals not being generated.

The documentation will be made available to the Inspector upon request.

Grounds

1. The resident was initially identified as having an altered skin condition. The altered skin issue worsened; however, the resident was not referred to the home's Registered Dietitian (RD) for assessment.

The Registered Nurse (RN) indicated that a referral should be generated to the RD when a wound is identified, however, the RD referral was not initiated.

The RN/Skin & Wound back up lead acknowledged that a referral was not made to the RD, despite the deterioration of the resident's altered skin issue.

The RD acknowledged that they should have received a referral for the worsening of the resident's altered skin issue. The nutrition interventions for the altered skin issue were assessed late.

Lack of referral to the RD when the altered skin issue was worsening/not healing reduced the resident's access and opportunity for an interprofessional approach to the treatment of the altered skin issue and ultimately, the opportunity for the potential implementation of nutrition and hydration interventions to assist with promoting skin integrity and healing.

Sources: Review Clinical records, Review of Referrals to the RD, and interviews with the RN, RN/Skin & Wound back up lead, and RD.

2. The Resident was identified as having an altered skin issue. The altered skin issue worsened; however, the resident was not referred to the home's RD for assessment.

The RN indicated that a referral should be generated to the RD when a wound is identified, however, the RD referral was not initiated.

The RN/Skin & Wound back up lead acknowledged that a referral was not made to the RD, despite the deterioration of the resident's altered skin issue.

The RD acknowledged that they should have received a referral for the worsening of the resident's altered skin issue. The nutrition interventions were assessed late.

The home's new skin and wound issue guidelines outlines the altered skin integrity that should be referred to RD.

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Lack of referral to the RD when the altered skin issue was worsening/not healing reduced the resident's access and opportunity for an interprofessional approach to the treatment of the altered skin issue and ultimately, the opportunity for the potential implementation of nutrition and hydration interventions to assist with promoting skin integrity and healing.

Sources: Review Clinical records, Review of Referrals to the RD, New skin and wound issue guidelines (March 2026) and interviews with the RN, RN/Skin & Wound back up lead, and RD.

This order must be complied with by June 30, 2026

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
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:

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.