

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: April 30, 2025

Inspection Number: 2025-1156-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Vigour Limited Partnership on behalf of Vigour General Partner Inc.

Long Term Care Home and City: Streetsville Community, Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 9-11, 14-15, 17, 22-25, 28-29, 2025

The following intake(s) were inspected:

- Intake: #00144067 - Proactive Compliance Inspection (PCI) for Streetsville Community.

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

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

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Residents' Rights and Choices
Pain 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 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that the written plan of care for the resident was reviewed and revised when the resident's care needs change. The resident's plan of care indicated a shower is provided to the resident on the specified days, however, during an interview with staff, it was confirmed that the resident was unable to be in the shower due to their diagnosis and mobility and that a sponge bath was provided instead.

Sources: Resident's clinical record and interview with staff.

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 2.

Residents' Bill of Rights

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s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

2. Every resident has the right to have their lifestyle and choices respected.

The licensee has failed to ensure that the resident had the right to have their lifestyle and choices respected when they were put to bed after dinner against their wishes by staff.

Sources: Resident's care plan, interview with staff and the resident.

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure the care set out in the resident's plan of care was provided to the resident as specified in the plan. Resident's plan of care identified as a total assist and required to have two staff present for all baths and showers. On the specified date, resident was provided assistance for bathing with one staff.

Sources: Resident's clinical records and interview with resident and staff.

WRITTEN NOTIFICATION: Attendance at meetings, licensees, staff, etc.

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

Non-compliance with: FLTCA, 2021, s. 70

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Attendance at meetings — licensees, staff, etc.

s. 70. A licensee of a long-term care home shall attend a meeting of the Residents' Council or the Family Council only if invited, and shall ensure that the staff, including the Administrator, and other persons involved in the management or operation of the home attend a meeting of either Council only if invited.

The licensee has failed to ensure that the Administrator or other persons involved in the management team or operation of the home attend a Resident Council Meeting only if invited. The Director of Resident Programs (DRP) informed inspector that the management team are brought to the meetings by management and are not invited by the Resident Council.

Sources: Resident Council Meeting minutes, interview with the resident and Director of Resident Programs.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. ii.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - ii. equipped with a door access control system that is kept on at all times, and

The licensee has failed to ensure that doors leading to stairways and the outside of the home are equipped with a door access control system that is kept on at all times.

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On an identified date, the door access control system for the door leading to outside of the home was not on and was not working.

Sources: Inspector's observation on an identified date; interview with maintenance lead and Executive Director.

WRITTEN NOTIFICATION: Air temperature

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.

The licensee has failed to ensure that the air temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home. Air temperature measurements were not taken in one of the two identified resident bedroom from November 1, 2024 to March 31, 2025.

Sources: Review of home's air temperature records; and interview with Executive Director.

WRITTEN NOTIFICATION: General requirements

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

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s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

A) The licensee has failed to ensure that the annual pain evaluation completed for year 2024, included the date of implementation for the summary of changes made.

Sources: Review of the annual pain evaluation (year 2024); interview with the pain lead.

B) The licensee has failed to ensure that the skin and wound care program evaluation for 2024 included the dates that the summary of changes were implemented in the home.

Sources: Skin and Wound evaluation.

WRITTEN NOTIFICATION: Nursing and personal support services

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

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

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The licensee has failed to ensure that the annual staffing plan evaluation completed for year 2024, included the date of implementation for the summary of changes made.

Sources: Review of the annual staffing plan evaluation (year 2024); interview with the ED.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to ensure that the policy relating to nutritional care and dietary services and hydration program was complied with.

Specifically, the home failed to ensure that the Food Temperature Recording policy was complied with.

The point of service food temperature record did not contain the temperature recording for lunch on an identified date.

Sources: Food Temperature Recording policy, last approved on 10/2024, Kitchen

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Production Report and interview with staff.

WRITTEN NOTIFICATION: Menu planning

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (5)

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that the planned dessert menu was offered to two specified residents. During a lunch observation, staff did not offer dessert to two specified residents prior to assisting them out of the dining room.

Sources: Observations, written menu and resident's clinical records.

WRITTEN NOTIFICATION: Menu planning

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (7)

Menu planning

s. 77 (7) The licensee shall ensure that meals and snacks are served at times agreed upon by the Residents' Council and the Administrator or the Administrator's designate. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that the meals are served at times agreed upon by the residents council and the Administrator. The resident council agreed lunch time was to be served at 1200 hours. During an observation on a identified date, inspector observed lunch was served late to two specified residents. Two other residents confirmed that lunch was delayed on the identified day.

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Sources: Lunch observation, interview with the residents.

WRITTEN NOTIFICATION: Maintenance services

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 96 (2) (b)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

The licensee has failed to ensure that remedial maintenance procedures were followed to fix a broken communication and response call bell pull station in an identified bathing room.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that procedures are developed and implemented to ensure all equipment, devices, assistive aids and positioning aids are kept in good repair.

Specifically, two staff were aware that the specified call bell pull station was not functioning properly for an extended period of time. The staff were familiar with the home's process to submit maintenance requests but failed to do so. The call bell pull station was also found to be in poor repair at the time of the inspection.

Sources: Inspector's observation on an identified date; interviews with staff; and maintenance work orders records.

WRITTEN NOTIFICATION: Continuous quality improvement

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committee

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure the Continuous Quality Improvement (CQI) committee included a PSW. CQI lead confirmed that PSW was not part of the CQI committee.

Sources: Quality Improvement (QI) Committee Meeting Minutes for February 7, 2025; and interviews with CQI lead.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. ii.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,
ii. the results of the survey taken during the fiscal year under section 43 of the Act,
and

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The licensee has failed to ensure that their continuous quality improvement (CQI) initiative report for 2024/25 contained the written record of the results of the survey taken during the fiscal year.

Sources: Home's CQI initiative report; website and interview with CQI lead.