

**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:** December 2, 2025

**Inspection Number:** 2025-1156-0006

**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): November 21, 24, 26, 27, 28, 2025 and December 1, 2, 2025

The following intake (s) were inspected:

-Intake: #00162939 - Proactive Compliance Inspection

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

- Medication Management
- Infection Prevention and Control
- Staffing, Training and Care Standards

## INSPECTION RESULTS

### Non-Compliance Remedied

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**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 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. 93 (2) (b) (iii)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that procedures in place for cleaning and disinfecting of high touch surfaces were complied with.

When a staff recognized that they did not clean the furniture items for two residents, they immediately proceeded to clean the room again in accordance with the home's procedures.

**Sources:** Observation; Policy "Daily Resident Room Cleaning – Housekeeping, XII-D-10.50, last revised October 2024"

Date Remedy Implemented: November 21, 2025

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (c)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(c) removal and safe disposal of dry and wet garbage; and

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that procedures in place for removal and safe disposal of dry and wet garbage were complied with.

On a specific date a garbage bag of general waste was placed in an area of the home. The garbage bag was then removed from the area and stored in an appropriate location.

**Sources:** Observations, Policy "Handling & Disposing of Waste General & Biomedical IX-J-10-40", last revised July 2025.

Date Remedy Implemented: November 21, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 278 (1) 2.**

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:

2. Where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which they are a

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member, or verification of the staff member's current registration with the regulatory body governing their profession.

On a given date, a staff record did not contain a current certificate of registration with the College of Nurses of Ontario (CNO). When the home recognized this, they immediately obtained, printed and added a valid certificate to the employee's record.

**Sources:** A staff records, and interview.

Date Remedy Implemented: November 27, 2025

**WRITTEN NOTIFICATION: Police record checks**

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

**Non-compliance with: FLTCA, 2021, s. 81 (2)**

Screening measures

s. 81 (2) The screening measures shall include police record checks, unless the person being screened is under 18 years of age.

A valid police record check was not completed for a staff at the time of hire until two months later.

**Sources:** Interview and review of an employee's file.

**WRITTEN NOTIFICATION: Orientation**

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

**Non-compliance with: FLTCA, 2021, s. 82 (2) 10.**

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1)

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performs their responsibilities before receiving training in the areas mentioned below:

10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.

A staff was hired on a specific date, however their role specific orientation checklist was still incomplete in areas that included nutritional care, equipment and supplies specific for their role, health and safety, quality and risk management.

**Sources:** A staff file, and interview.

### **WRITTEN NOTIFICATION: Retraining**

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

**Non-compliance with: FLTCA, 2021, s. 82 (4)**

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

O. Reg 246/22 s. 260. (1) defines the intervals for the purposes of subsection 82 (4) of the Act are annual intervals.

A registered staff did not receive annual retraining on the long-term care home's policy to minimize the restraining of residents, emergency and evacuation procedures, and the licensee's written procedures for handling complaints and the role of staff in dealing with complaints.

**Sources:** Staff files and interview.

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**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

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.

The home's nursing and support services program evaluation did not include the summary of changes made and dates the changes were implemented for two different years.

**Sources:** Nursing and support services program evaluations, and staff interview.

**WRITTEN NOTIFICATION: Director of Nursing and Personal Care**

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

**Non-compliance with: O. Reg. 246/22, s. 250 (3) (a)**

Director of Nursing and Personal Care

s. 250 (3) The licensee shall ensure that everyone hired as a Director of Nursing and Personal Care,

(a) has at least one year of experience working as a registered nurse in the long-term care sector;

A staff member did not have the requisite one year experience working as a

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registered nurse in long-term care when they haven't taken over a different role.

**Sources:** Staff interview.

**WRITTEN NOTIFICATION: Emergency plans**

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

**Non-compliance with: O. Reg. 246/22, s. 268 (14) (a)**

Emergency plans

s. 268 (14) Every licensee of a long-term care home shall ensure that staff, volunteers and students are trained on the emergency plans,

(a) before they perform their responsibilities; and

A staff orientation training was incomplete in the area of emergency management site specific plan.

**Sources:** A staff file, and interview.