

#### **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: March 19, 2025 Inspection Number: 2025-1032-0001

**Inspection Type:**Critical Incident

**Licensee:** Mississauga Long Term Care Facility Inc.

Long Term Care Home and City: Mississauga Long Term Care Facility,

Mississauga

## **INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): March 12-13, 17-19, 2025.

The following intake(s) were inspected:

- Intake: #00132037 Critical Incident (CI) #1078-000006-24 Related to falls prevention and management
- Intake: #00132326 CI #1078-000007-24 Related to resident care and support services
- Intake: #00139549 -CI #1078-000002-25 -Related to infection prevention and management.

The following intake were completed in this inspection:

• Intake: #00138016 - CI #1078-000001-25 - Related to infection prevention and management.

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

Resident Care and Support Services Infection Prevention and Control Falls Prevention and Management



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## **INSPECTION RESULTS**

## **WRITTEN NOTIFICATION: General requirements**

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee failed to comply with the home's pain management policy when a pain assessment was not completed upon the administration of pro re nata (prn) pain medication to a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that nursing team members conducted and documented a pain assessment upon the initiation of pain medication or prn analgesic, which did not occur for the resident.

**Sources:** Critical incident report (CI) #1078-000007-24, Pain Management Program-Version 1.4, interview with the Director of Care, resident's clinical records.

## **WRITTEN NOTIFICATION: Skin and wound care**

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



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### Non-compliance with: O. Reg. 246/22, s. 55 (1) 4.

Skin and wound care

- s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:
- 4. Treatments and interventions, including physiotherapy and nutritional care. O. Reg. 246/22, s. 55 (1).

The licensee failed to submit a physiotherapy referral after the resident sustained an injury.

**Sources**: Critical Incident (CI) #1078-000007-24, resident clinical records, interview with staff, Skin care and wound management program.



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