

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: August 15, 2025

Inspection Number: 2025-1581-0004

Inspection Type:
Critical Incident

Licensee: The Regional Municipality of Peel

Long Term Care Home and City: Sheridan Villa, Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 7-8, 11-13, 15, 2025.

The following intake(s) were inspected:

- Intake #00151707/CI# M572-000033-25 related to falls prevention and management.
- Intake #00153191/ CI# M572-000037-25 related to infection prevention and control.

Inspection Manager was present for the inspection.

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

Infection Prevention and Control
Safe and Secure Home
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

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)

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Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

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

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that a door leading to non-residential area was kept closed and locked when it was not being supervised by staff on August 7, 2025, when a key was left in the lock of a staff bathroom door in a resident home area, while residents were in close proximity. Non compliance was remedied on August 7, 2025, when staff attended the door and removed the key thereby ensuring the door was locked, and the room was not accessible by residents.

Sources: Observations August 7, 2025; Interview with staff

Date Remedy Implemented: August 7, 2025

WRITTEN NOTIFICATION: Skin and Wound

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that the resident's wound was reassessed at least weekly by an authorized person over a sixteen day period in July 2025.

The resident was readmitted to the home with a wound. Weekly assessments of the wound were not completed as required. During the interview with staff it was confirmed that the reassessments should have been completed weekly.

Sources: Point Click Care Skin and Wound Assessments; Interview with staff.