

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: November 27, 2025

Inspection Number: 2025-1366-0007

Inspection Type:

Critical Incident

Licensee: Schlegel Villages Inc.

Long Term Care Home and City: The Village of Erin Meadows, Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 14, 17 - 21, 24, 26, 27, 2025.

The following intake(s) were inspected:

- Intake: #00156448 - Related to skin and wound prevention and management;
- Intake: #00156984 - Related to falls prevention and management.

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

- Skin and Wound Prevention and Management
- Reporting and Complaints
- Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

A critical incident (CI) involving a resident occurred in a certain month. It was reported to the Director five days later.

Sources: CI report, resident's clinical records and staff interview.

WRITTEN NOTIFICATION: General requirements

NC #002 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.

Under the skin and wound care program, the measurements of a resident's specified skin alteration were not documented during two consecutive assessments.

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Sources: Resident's clinical records.

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The home's Fall Prevention and Management Program indicated that a head injury routine (HIR) should be initiated immediately for falls where there may be a possible head injury. On a specified date, a resident fell and hit their head, and a HIR assessment was not performed.

Sources: Resident's clinical records, staff interview and home's policy on Fall Prevention and Management Program.

WRITTEN NOTIFICATION: Skin and wound care

NC #004 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,

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

A resident's specified skin alteration was not assessed for a 13-day period and a later 9-day period.

Sources: Resident's clinical records and staff interview.