

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: January 13, 2026
Inspection Number: 2025-1366-0008
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): December 30, 31, 2025 and January 2, 5, 6, 7, 9, 2026

The following intake(s) were inspected:

- Intake: #00159360 - Critical Incident (CI) #2881-000038-25 - Related to Infection Prevention and Control.
- Intake: #00163260 - CI #2881-000043-25 - Related to Infection Prevention and Control
- Intake: #00163610 - CI #2881-000044-25 - Related to falls prevention and management.

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

- Infection Prevention and Control
- Falls Prevention and 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 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan

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of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

The resident's plan of care did not provide clear direction to staff regarding which extremity was affected by the fracture.

Sources: The resident's clinical record, interview with staff and ADOC.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes requires that, pursuant to section 10.2, the hand hygiene program was to include hand hygiene support for residents, specifically (c) assistance to residents to perform hand hygiene before meals.

On an identified date, during an observation of meal service, residents were not observed to receive assistance or support to perform hand hygiene prior to the meal service.

Sources: Meal service observations, the home's hand hygiene policy, interviews with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (4) (f)

Infection prevention and control program

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s. 102 (4) The licensee shall ensure,
(f) that a written record is kept relating to each evaluation under clause (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; and

The annual Infection Prevention and Control (IPAC) evaluation completed for the year 2025 did not include changes made and the date those changes were implemented.

Sources: Review of the annual IPAC evaluation (year 2025); interview with IPAC Lead and Director of Quality.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

In accordance with O. Reg. 246/22, s. 11(1)(b), the licensee is required to ensure an increased frequency of hand hygiene audits as a measure to manage outbreaks, and this requirement must be complied with.

Specifically, staff did not comply with the policy "Managing a Respiratory Outbreak", which requires an increase in the frequency of hand hygiene audits during an outbreak. During the outbreak from November 21 to November 28, 2025, hand hygiene audits were completed once, on November 25, 2025, with no further audits conducted during the outbreak period.

Sources: Managing a Respiratory Outbreak Policy; hand hygiene audits ; interview with IPAC Lead.

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WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (10)

Infection prevention and control program

s. 102 (10) The licensee shall ensure that the information gathered under subsection (9) is analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks. O. Reg. 246/22, s. 102 (10).

As per legislative requirements, information gathered under subsection (9) must be analyzed daily to detect the presence of infection and reviewed at least monthly to identify trends, with the goal of reducing the incidence of infection and outbreaks.

It was noted that the home did not review and analyze the collected data on a monthly basis, which does not align with the required frequency for trend analysis intended to support infection prevention and outbreak reduction.

Sources: Interview with the IPAC lead and Trend Analysis Reports of the home.