

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 26, 2026

**Inspection Number:** 2026-1366-0003

**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): March 10-13, 16, 18-20 and March 23-26, 2026

The following intake(s) were inspected:

- Intake: #00165219 - Related to Falls prevention and management
- Intake: #00165985 - Related to Resident care and support services
- Intake: #00168406 - Related to Medication management
- Intake: #00168499 - Related to Falls prevention and management
- Intake: #00168733 - Related to Falls prevention and management
- Intake: #00168838 - Related to Prevention of abuse and neglect.

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

- Contenance Care
- Resident Care and Support Services
- Medication Management
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Falls Prevention and Management
- Restraints/Personal Assistance Services Devices (PASD) 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)

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary;  
or

The home updated point of care support action and plan of care for the resident to include the implemented fall prevention interventions prior to the end of the inspection.

Date Remedy Implemented: March 24, 2026

### WRITTEN NOTIFICATION: Residents' Bill of Rights

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 16.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

For a resident at risk of aspiration, nursing staff did not ensure that they received proper care and services that were consistent with their needs. The resident experienced respiratory symptoms and was not assessed when their symptoms progressed.

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Subsequently, an intervention was performed without an assessment to determine clinical need.

**Sources:** Resident's clinical records, home's investigation notes, and interviews with staff.

### WRITTEN NOTIFICATION: Plan of care

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

#### Non-compliance with: FLTCA, 2021, s. 6 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

A resident was assessed by Nurse Practitioner(NP) and new medication orders were written. The medication was administered as per the documentation. Informed consent from the resident's power of attorney for care or designated person for the new medications was not obtained and documented on as required.

**Sources:** Resident's clinical record, interviews with staff, the home's policy .

### WRITTEN NOTIFICATION: Falls prevention and management.

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

(a) During a nine-week period , a number of required weekly skin and wound assessments for a resident were not completed for various areas of altered skin integrity after the resident returned from hospital.

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**Sources:** Point Click Care Skin and Wound /Skin Issues Assessments and Interview with staff.

(b) During a 13 day period, a required weekly skin and wound assessment was not completed when the resident returned back from hospital.

**Sources:** Point Click Care Skin and Wound Assessments, head to toe assessment, Interviews with staff.

### **WRITTEN NOTIFICATION: Continence care and bowel management**

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

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)**

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

A resident was assessed to be incontinent, their plan of care was not updated to specify the type and size of continence product in use.

**Sources:** Resident's clinical records, home's policy and interviews with staff.

### **WRITTEN NOTIFICATION: Continence care and bowel management**

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

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)**

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

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The home did not ensure that a resident received sufficient continence care changes to remain clean, dry and comfortable when a staff member delayed care to the resident despite being aware that the resident needed assistance.

**Sources:** Resident's clinical records, home's investigation notes, and interviews with staff.

### WRITTEN NOTIFICATION: Medication Management System

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 123 (2)**

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies developed for the Medication Management system were complied with.

The home did not comply with their medication management system policy, when a physician's order written for a resident was not processed. Pharmacy confirmed that the order was received. The order was not implemented on Medication Administration Record (MAR).

**Sources:** Medication Incident Report, Resident's clinical records, Prescriber Orders Policy, Home's investigation package, Physician interview.

### WRITTEN NOTIFICATION: Medication management system

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

**Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)**

Medication management system

s. 123 (3) The written policies and protocols must be,  
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

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The home's pharmacy provider policies and procedures were not implemented when registered staff member did not use the after-hours pharmacy delivery service to obtain a medication order needed for a resident.

**Sources:** Resident's clinical record, medication incident report , home's pharmacy policies and procedures, and interviews with staff.

### **WRITTEN NOTIFICATION: Administration of Drugs**

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

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee did not ensure that a medication was administered to a resident in accordance with the directions for use specified by the prescriber.

A Physician wrote a order to decrease a resident's medication to be administered intermittently every week. The order was not processed and the resident received the incorrect dose of the medication over a specified time period.

**Sources:** Medication Incident Report, Resident's clinical records, Medication management policy, Home's investigation package, Physician interview.

### **COMPLIANCE ORDER CO #001 Nursing and personal support services**

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 11 (3)**

Nursing and personal support services

s. 11 (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

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**The inspector is ordering the licensee to comply with a Compliance Order  
[FLTCA, 2021, s. 155 (1) (a)]:**

1. Educate all applicable staff involved in the home's scheduling process for Registered Nurses on the home's call-in procedure and staffing contingency plan, including but not limited to the leadership team, on-call nurses and managers, scheduling coordinator, and charge nurses.
2. Maintain a documented record of the education provided, which must include the name and role of the person providing the education, the date(s) the education was provided, the names of staff who attended the training, and the content of the education provided.
3. Conduct an audit of the daily staffing schedule at least once daily for a period of two weeks to ensure at least one registered nurse is present in the building at all times.
4. Maintain records of these audits, including documentation of the date of the audit, name and role of the person completing the audit, findings identified, corrective actions implemented where gaps were identified, and make them available to an inspector upon request.

**Grounds**

The home's staffing plan indicated the requirement of one Registered Nurse (RN) as the charge nurse to be present at all times to cover all shifts for a 24 hour period. For a vacant shift, the home's policy indicated the process to fill a shift by posting the shift on a scheduling application, followed by calling team members, and directed the home to keep a written record of all activities and responses received.

A resident had a fall and upon assessment by a Registered Practical Nurse, the resident complained of pain and required an advanced assessment by the Registered Nurse. However, no Registered Nurse was present in the building to assess the resident. A review of the home's schedule indicated that the home did not have a RN scheduled for the shift. As a result there was no RN on shift to assess the resident when their health condition changed, their pain increased and this also affected their activities of daily living when the resident refused their lunch due to pain.

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**Sources:** Resident's clinical records, staffing schedule and scheduling application, home's call-in procedure policy, home's staffing contingency plan, Job responsibilities of a charge nurse; interview with staff.

**This order must be complied with by June 19, 2026**

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).