Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto District
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Public Report

Report Issue Date: January 30, 2025

Inspection Number: 2025-1613-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: The Regional Municipality of Peel

Long Term Care Home and City: Malton Village Long Term Care Centre, Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 20, 21, 22, 23, 24, 27, 28, 29, 30, 2025

The following intake(s) were inspected:

- Intake: #00137158 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards

Residents' Rights and Choices
Pain 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: O. Reg. 246/22, s. 138 (1) (a) (i)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,

The licensee has failed to ensure a resident home area (RHA) medication cart was used exclusively for drugs and drug-related supplies. Observation of a medication cart indicated there were miscellaneous items found in the medication cart.

Sources: Observation of a medication cart; and interview with a Registered Practical Nurse (RPN).

[732787]

Date Remedy Implemented: January 24, 2025

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that a resident's care as set out in their plan of care was documented by a Personal Support Worker (PSW) in Point of Care (POC).

Sources: A resident's clinical records.

[732787]

WRITTEN NOTIFICATION: Skin and wound care

NC #003 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 failed to ensure that a resident received a weekly skin and wound reassessment, related to a wound according to the home's skin and wound policy.

Sources: A resident's clinical records; home's Skin and Wound Care Program Policy, lasted revised September 6, 2024; and interview with a Registered Nurse (RN).

[732787]

WRITTEN NOTIFICATION: Pain management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The licensee has failed to comply with the home's pain management program for a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the pain management program were complied with.

Specifically, the home's pain management policy indicated nurses are to conduct weekly pain assessments on residents who are on scheduled pain medications.

A resident was ordered scheduled pain medication and no weekly pain assessments were completed since the order date. A RPN and the Acting Director of Care (DOC) both acknowledged that pain assessments were not completed weekly for the resident.

Sources: A resident's clinical records; home's Pain Management Program Policy, last revised September 6, 2024; interviews with Acting DOC and RPN.

[732787]

WRITTEN NOTIFICATION: Menu planning

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 77 (5)
Menu planning
s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure the planned menu items, 2% milk and BBQ ribs, were offered and available. The Dietary Services Supervisor confirmed 2% milk was the first choice beverage menu item and should have been offered at the start of the meal, and BBQ ribs were shorted by the supplier hence unavailable.

Sources: Observations; and interview with Dietary Services Supervisor.

[000707]

WRITTEN NOTIFICATION: Food production

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)
Food production
s. 78 (2) The food production system must, at a minimum, provide for,
(f) communication to residents and staff of any menu substitutions; and

The licensee has failed to ensure that the menu substitution for BBQ ribs, the lunch menu entrée, was communicated with residents and staff. The Dietary Services Supervisor confirmed they were not informed by the cook about the substitution; hence the digital menu board was not updated with the menu substitution.

Sources: Observation; and interview with the Dietary Services Supervisor.

[000707]

WRITTEN NOTIFICATION: Food production

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (4) (b)
Food production
s. 78 (4) The licensee shall maintain, and keep for at least one year, a record of,
(b) the approved menu cycle; and

The licensee has failed to maintain and keep for at least one year, a record of the approved menu cycle. The Dietary Service Supervisor confirmed they could not locate the record when it was requested by the inspector.

Sources: Interview with the Dietary Service Supervisor.

[000707]

WRITTEN NOTIFICATION: Dining and snack service

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

The licensee has failed to ensure that a resident received their eating aids during meal service as required in their plan of care, to eat and drink as independently as possible.

Sources: Observations; and a resident's care plan.

[000707]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
5. The home's registered dietitian.

The licensee has failed to ensure the continuous quality improvement (CQI) committee included the home's registered dietitian. The CQI Specialist confirmed the registered dietitian was not part of the CQI committee until November 2024.

Sources: CQI meeting minutes; and interview with CQI Specialist.

[000707]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

The licensee has failed to ensure the CQI committee included the home's pharmacy service provider. The CQI Specialist confirmed the pharmacy service provider was not part of the CQI committee until November 2024.

Sources: CQI meeting minutes; and interview with CQI Specialist.

[000707]