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

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Public Report

Report Issue Date: May 28, 2025
Inspection Number: 2025-1613-0004
Inspection Type: Critical Incident
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): May 22-23, 26-28, 2025

The following intake(s) were inspected:

- Intake: #00143791/CIS #M618-000015-25 was related to a resident's fall.
- Intake: #00146506/CIS #M618-000023-25 was related to resident-to-resident abuse.

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

Prevention of Abuse and Neglect
Responsive Behaviours
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 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in a resident's plan of care was provided to them. During an observation, the resident's specific fall intervention was not applied as indicated in their care plan.

Sources: Observation, resident's care record, interviews with Personal Support Worker (PSW), Registered Nurse (RN) and Supervisor or Care (SOC).

WRITTEN NOTIFICATION: Duty To Protect

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to protect a resident from abuse by another resident.

In accordance with the definition identified in Ontario Regulation 246/22 section 2, “physical abuse” means the use of physical force by a resident that causes physical injury to another resident.

On an identified date, a PSW witnessed a resident push another resident which caused them to fall and sustain injuries.

Sources: Critical Incident System (CIS), residents’ clinical records, the home's

investigation notes; and interviews with PSW and SOC.

WRITTEN NOTIFICATION: Required Programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the home's falls prevention and management program related to the Head Injury Routine (HIR) monitoring following the fall of two residents.

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

i) Specifically, the home's post fall guidelines for HIR assessment under the home's falls prevention and management program required that the resident's specific assessments were recorded at a specified frequency after sustaining a fall. The home failed to ensure that a resident's specified assessments were recorded as required by the home's post-fall guidelines.

Sources: Resident's care record, home's Fall Prevention and Management Program; and interview with SOC.

ii) Specifically, the home's HIR policy under the home's falls prevention and management program indicated that a resident must be monitored and assessed

over a 72-hour period following a fall, beginning with assessments every hour for the first four hours, then every four hours for the next 28 hours, and subsequently once per shift until the 72-hour period is complete; and that all assessments must be documented in the HIR Assessment section of the electronic health record (EHR). However, the required assessments were not completed and documented after a resident's fall during identified shifts.

Sources: Home's policy titled, "Falls Prevention and Management program"; review of the HIR documentation for resident; and interviews with Registered Practical Nurse (RPN) and SOC.