

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: September 16, 2025

Inspection Number: 2025-1613-0006

Inspection Type:

Complaint
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): September 5, 8, 9, 11, 12, 15, 16, 2025

The following Critical Incident (CI) intake(s) were inspected:

Intake: #00151728 CI #M618-000032-25 – Fall of a resident resulting in injury.
Intake: #00151934 CI #M618-000034-25 – Fall of a resident resulting in injury.
Intake: #00152389 CI #M618-000037-25 - Unknown cause of fractures sustained to resident.
Intake: #00153276 CI #M618-000039-25 – Fall of a resident resulting in injury.
Intake: #00154611 CI #M618-000044-25 – Allegation of improper care of to a resident.

The following intake was inspected in this Complaint inspection:

Intake: #00152748 – A complainant related to concerns with unknown cause of fractures.

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Reporting and Complaints
- 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 the plan of care was provided to a resident as specified in their plan.

A resident's plan of care required a specific level of assistance. A Personal Support Worker (PSW) provided care to the resident and did not follow the required level of assistance. The Supervisor of Care (SOC) acknowledged the PSW should have provided care specified in resident's plan of care.

Sources: A resident's clinical records, the home's investigation file, interviews with the PSW and SOC.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #002 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.

The licensee has failed to ensure that a person who had reasonable grounds to suspect improper or incompetent treatment or care of a resident that resulted in harm, or a risk of harm immediately reported to the Director.

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A resident was not provided with the correct intervention as per their plan of care. The incident was not reported to the Director.

Sources: A resident's clinical records, home's investigation notes; and interviews with the SOC.

WRITTEN NOTIFICATION: General Requirements for Programs

NC #003 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.

The licensee has failed to ensure actions taken with respect to the nursing and personal support services, specifically the lifts and transfers program, including assessments, reassessments, and interventions were documented for a resident.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that the written policy pertaining to lifts and transfers is complied with.

The home's Lifts and Transfers program requires a nurse to document the resident's lift and transfer status in the plan of care based on the Lift and Transfer Assessments and the Physiotherapy (PT) assessment. The home indicated they were using a specific equipment for the resident's transfers, however, their clinical records showed no lift and transfer assessments were completed.

Sources: A resident's care plan and clinical records, Home's policy "Lifts and Transfers Program, Region of Peel Long-Term Care Centres", and interviews with the Nursing Attendants (NA), RPN, and SOC.

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

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

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Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe used safe transferring techniques when assisting a resident.

A PSW, Registered Nurse (RN) and housekeeper manually lifted a resident. The SOCs both confirmed the staff should have used the specified equipment as was indicated in their Lifts and Transfers Program.

Sources: Home's policy titled "Lifts and Transfers Program, Region of Peel Long-Term Care Centres" home's investigations notes, and interviews with the SOCs, and PSW.

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #005 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 licensee has failed to ensure the falls prevention and management program provided, at a minimum, strategies to reduce or mitigate falls, and use of equipment, supplies, devices and assistive aids for three residents.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that the written policy pertaining to falls management and prevention is complied with.

Specifically, the home's falls prevention program indicated nursing staff must post signage to identify residents at high-risk for falls on their mobility aid and implement their care planned interventions.

1) A resident's care plan indicated a safety device was to be implemented as a falls

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prevention and management intervention. The resident was observed in their mobility aid without their safety device.

Sources: A resident's clinical records, observation, interviews with the PSW, RPN and SOC.

2) A resident's care plan indicated a specific logo was to be attached to their mobility aid and implemented as a falls prevention and management intervention. The resident's mobility aid was observed to not have the specific logo attached to it.

Sources: A resident's clinical records, observations, and home's policy titled "Falls Prevention and Management Program, Region of Peel Long-Term Care Centres".

3) A resident's care plan indicated falls prevention and management interventions included safety devices to be applied at all times, hip protectors to be applied at all times, and a specific logo was to be placed on their mobility aid. The resident was observed without these interventions in place.

Sources: A resident's clinical record, Home's policy "Falls Prevention and Management Program, Region of Peel Long-Term Care Centres", observations, interviews with the Nursing Attendant (NA) and the SOC.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(c) the implementation of interventions to mitigate and manage those risks;

The licensee has failed to ensure that actions to mitigate and manage the risks related to resident's hydration needs were implemented when a PSW did not provide the resident with the dietary interventions indicated in their care plan.



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

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Sources: A resident's clinical records, home's investigation notes, interviews with PSWs and the SOC.