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: November 26, 2025
Inspection Number: 2025-1613-0007
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): November 17-21, 25-26, 2025
The inspection occurred offsite on the following date(s): November 20, 24, 2025

The following Critical Incident (CI) intake(s) were inspected:
Intake: #00156590 - CI #M618-000053-25; intake: #00156601 - CI# M618-000054-25; intake: #00160350 - CI #M618-000056-25; intake #00156601-25, - CI #M618-000054-25 and intake: #00161616 - CI #M618-000058-25 related to a fall prevention and management

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

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.

A staff member did not implement a resident's falls prevention intervention according to their plan of care.

Sources: Resident's health care record, home's investigation notes, and interviews with staff members.

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.

Documentation of a resident's falls prevention intervention had missing entries on four identified days. This was acknowledged by a staff member.

Sources: Documentation record, and interview with a staff member.

WRITTEN NOTIFICATION: Accommodation Services

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

A resident's falls prevention intervention was not in working order at the time of a fall. The staff member acknowledged that it should have been in working condition at all times.

Sources: Resident's post fall assessment, and interview with the staff member.

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. 54 (2)
Falls prevention and management
s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

A staff member did not complete an identified assessment after a resident's fall incident which should have been completed according to the home's policy. This was acknowledged by staff members.

Sources: Review of the resident's clinical records, assessment documentation, home's policy on falls prevention and management program, and interviews with staff members.

WRITTEN NOTIFICATION: Pain Management

NC #005 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.

A staff member did not implement the home's pain management policy, which indicated to document pain reassessments in the Medication Administration Record (MAR).

A staff member did not document the reassessment of pain in a resident's MAR. Staff members acknowledged that the home's process involved documenting pain medication reassessments in MAR.

Sources: Resident's medication administration record, home's pain management policy and interviews with staff members.

WRITTEN NOTIFICATION: Requirements relating to Restraining

by a Physical Device

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 119 (7) 6.
Requirements relating to restraining by a physical device
s. 119 (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
6. All assessment, reassessment and monitoring, including the resident's response.

Documentation of a resident's monitoring related to the use of a restraint had missing entries identified for two days. Staff members confirmed that documentation should have been completed for the missing entries pertaining to the resident's use of a restraint.

Sources: Resident's health records, the home's policy on restraints and Personal Assistance Service Devices (PASD) use, and interviews with staff members.

WRITTEN NOTIFICATION: Requirements relating to Restraining by a Physical Device

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 119 (7) 7.
Requirements relating to restraining by a physical device
s. 119 (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
7. Every release of the device and all repositioning.

Documentation for the implementation of a resident's intervention related to the use of restraints were not completed by staff members. Staff members confirmed that the intervention was implemented but there was no existing documentation available for the implementation of the intervention.

Sources: Resident's health care record, the home's policy on restraints and PASD use and interviews with staff members.

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

A staff member did not implement the home's policy on Medication Administration and Documentation, and missed documentation of the administration of the resident's medication. Staff members acknowledged that the home's process involved documentation of medication administration.

Sources: Resident's medication administration record, progress notes, home's policy on medication administration and Documentation and interviews with staff members.