

**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

**Original Public Report**

<b>Report Issue Date:</b> June 27, 2024	
<b>Inspection Number:</b> 2024-1231-0001	
<b>Inspection Type:</b> Critical Incident	
<b>Licensee:</b> Schlegel Villages Inc.	
<b>Long Term Care Home and City:</b> Erin Mills Lodge Nursing Home, Mississauga	
<b>Lead Inspector</b> Brittany Wood (000763)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Yuliya Fedotova (632) Alison Brown (000841)	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): May 28-31, 2024, and June 3-4, 2024.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Intake: #00096265/Critical Incident (CI) #2736-000010-23 – related to a fall with injury</li> <li>• Intake: #00111169/CI #2736-000003-24 – related to infection prevention and control (IPAC).</li> <li>• Intake: #00112081/CI #2736-000004-24 – related to infection prevention and control</li> <li>• Intake: #00115588/CI #2736-000006-24 – related to infection prevention and control</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control
- Falls Prevention and 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. 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.

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.

O. Reg 246/22 s.34(2)

The licensee has failed to ensure that changes to the resident's falls risk and prevention strategies were documented.

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**Rationale and Summary**

The resident was observed laying in their bed with one fall intervention in place. The resident's clinical records indicated the resident is to have two interventions in place.

During sometime in February 2024 another resident joined their shared room, prompting staff to remove the fall intervention during daytime hours. This was not documented in the resident's care plan until June 2024.

Throughout the time between February 2024 to June 2024, the resident did not sustain any injuries. Failure to document a change in practice could negatively impact the continuity of care and the resident's safety.

On a day in June 2024, the resident's care plan was updated by the Director of Care to reflect the change in practice.

**Sources:** Observations of the resident's room, record review of the resident's clinical files, interview with registered staff and Director of Care. **[000841]**

**Date Remedy Implemented: June 4, 2024**

**WRITTEN NOTIFICATION: Infection prevention and control program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

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The licensee failed to ensure that the IPAC Standard for Long-Term Care Homes, dated April 2022, was implemented.

**Rationale and Summary**

The IPAC Standard for Long-Term Care Homes, indicated under section 9.1 that Additional Precautions were to be followed in the IPAC program which included (f) additional Personal Protective Equipment (PPE) requirements including appropriate selection and application.

LTCH Inspector observed a staff in a resident's room with no gown and gloves. The resident had additional precautions for contact precaution that required donning of a gloves and gown. The staff completed hand hygiene when exiting the room, however no gloves or gown were donned.

The home's policy titled, Managing Respiratory Outbreak stated team members entering a resident's room will wear applicable PPE. The staff confirmed they were not wearing a gown during the inspector's observation.

Failure to don the correct PPE when providing care to a resident that is on contact precaution posed a risk of spreading infection to other residents.

**Sources:** Observations, Interview with staff, Managing Respiratory Outbreak policy and IPAC Standard - Additional Requirement 9.1 for Routine Practices (f). **[000763]**