

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700, rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 24, 2022	2022_939757_0006	020400-21	Critical Incident System

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**Licensee/Titulaire de permis**

The Regional Municipality of Peel  
10 Peel Centre Drive Suite B, 3rd Floor Brampton ON L6T 4B9

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**Long-Term Care Home/Foyer de soins de longue durée**

Sheridan Villa  
2460 Truscott Drive Mississauga ON L5J 3Z8

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

RODOLFO RAMON (704757)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): March 14-18, 2022**

**The following intake was completed during this Critical Incident System (CIS) inspection:**

**-Log #020400-21, CIS #M572-000027-21 related to a fall incident resulting in injury.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Infection Prevention and Control (IPAC) lead, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) and Housekeeper (HK).**

**During the course of the inspection, the inspector observed resident and staff interactions, and reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.**

**A mandatory Infection Prevention and Control (IPAC) checklist was completed.**

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

**Infection Prevention and Control**

**Personal Support Services**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the staff participated in the implementation of the infection prevention and control program.

On an identified date, inspector #704757 observed PSW #100 feeding residents, handling food and delivering meals to residents in their rooms without performing hand hygiene.

RPN #102 was observed administering medications without performing hand hygiene before contact with residents.

According to the licensee's policy titled "Routine Practices-Hand Hygiene" dated December 7, 2020, staff are required to perform hand hygiene between each resident contact.

PSW #100 and RPN #102 acknowledged the inspector's observations, and the IPAC lead confirmed that PSW #100 and RPN #102 did not follow the expectations of the IPAC program.

Sources: Observations conducted on March 14, 2022, Routine Practices-Hand Hygiene policy dated December 7, 2020, and interviews with the IPAC lead, RPN #102, and PSW #100. [s. 229. (4)]

**Issued on this 7th day of April, 2022**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**