

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
torontodistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: January 20, 2023	
Inspection Number: 2023-1581-0001	
Inspection Type: Critical Incident System (CIS)	
Licensee: The Regional Municipality of Peel	
Long Term Care Home and City: Sheridan Villa, Mississauga	
Lead Inspector Joy Ieraci (665)	Inspector Digital Signature
Additional Inspector(s) Inspector Cindy Ma (000711) was present in the inspection.	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
January 4 – 6, 10, 12 and 13, 2023.

The following intake(s) were inspected:

- Intake #00005024 (CIS #M572-000042-22) related to a medication incident;
- Intake #00003531 (CIS #M572-000030-22) related to a fall.

The following intakes were completed in this inspection

- Intake #00004703 (CIS #M572-000016-22) and;
- Intake #00001611 (CIS #M572-000021-22) were both related to falls.

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

- Infection Prevention and Control
- Medication Management
- Falls Prevention and Management
- Safe and Secure Home

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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) O.Reg. 246/22, s. 12 (1) 3

The licensee has failed to ensure that doors leading to non-residential areas were kept closed and locked when not supervised by staff.

The shower room doors in two resident home areas (RHAs) were open and unlocked. There were no residents in the vicinity at the time of the observations.

A Personal Support Worker (PSW) in each RHA closed and locked the doors immediately. Both PSWs indicated that the shower rooms were non-residential areas and must remain closed and locked.

Sources: Observations on two RHAs, and interviews with PSWs.

Date Remedy Implemented: January 5, 2023 [665]

WRITTEN NOTIFICATION: ADMINISTRATION OF DRUGS

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

Non-compliance with: O. Reg. 246/22 s. 140 (2)

The licensee has failed to ensure that drugs were administered to a resident in accordance with the directions for use specified by the prescriber.

Rationale and Summary

The home submitted a CIS report to the Ministry of Long-Term Care (MLTC) related to a medication incident that altered the resident's health status.

The resident had a medical condition that required a prescribed medication. Three registered staff did

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not administer the medication as prescribed to the resident. The resident had a change in their health status that required treatment.

When the resident did not receive their medication as prescribed, it contributed to a change in the resident's health status.

Sources: Review of the resident's clinical records, CIS report, home's investigation notes and interviews with registered staff and other staff. [665]

WRITTEN NOTIFICATION: MEDICATION MANAGEMENT SYSTEM

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 123 (2)

The licensee has failed to comply with the medication management system regarding medication reconciliation when a resident was re-admitted to the home.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that there were written policies and protocols developed for the medication management system to ensure the accurate administration of all drugs used in the home and must be complied with.

Specifically, staff did not comply with the policy "Medication Reconciliation", dated September 30, 2019, which was included in the licensee's Medication Management System.

The policy directed registered staff to print the order summary report which listed all current medications, diet, lab work and other items currently listed on the resident's profile. The best possible medication history (BPMH) form was to be completed for any new medications ordered.

Rationale and Summary

When a resident was re-admitted to the home, the physician orders did not include the BPMH form and the order summary report. The physician orders taken by a registered staff, did not include the resident's full list of medications.

The Acting Director of Care (ADOC) indicated that the staff did not follow the home's medication reconciliation policy.

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There was a risk of medication errors to the resident when the registered staff did not follow the home's policy on medication reconciliation when the resident was re-admitted to the home.

Sources: Review of the resident's clinical records, Policy #LTC9-05.12.08, Medication Reconciliation, last reviewed September 30, 2019, and interview with ADOC. [665]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

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

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

The licensee has failed to ensure the implementation of a standard issued by the Director with respect to infection prevention and control (IPAC).

A) The home has failed to ensure that Routine Practices were in accordance with the "IPAC Standard for Long-Term Care Homes April 2022". Specifically, the proper use of personal protective equipment (PPE), including appropriate application as required by Additional Requirement 9.1 (d) under the IPAC standard.

Rationale and Summary

A PSW was observed in the dining room with two other staff with their goggle worn on top of their head.

The home's policy indicated that goggles were a source of infection if not worn properly and should not be worn on top of the head.

The IPAC Lead verified that the PSW did not properly wear the goggle.

There was a risk of infection to the PSW, residents and other staff when the goggle was not worn properly.

Sources: Observations in one RHA; review of Policy #LTC12-04.03, PPE and Routine Practices, last reviewed April 11, 2022, and IPAC Standard for Long-Term Care Homes April 2022; and interview with the IPAC Lead. [665]

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B) The home has failed to ensure that there was in place a hand hygiene program in accordance with the “IPAC Standard for Long-Term Care Homes April 2022. Specifically, support for residents to perform hand hygiene prior to receiving meals as required by Additional Requirement 10.4 (h) under the IPAC Standard.

Rationale and Summary

A PSW assisted a resident to their seat in the dining room for meal service. The PSW did not assist the resident with hand hygiene prior to their meal.

The PSW indicated that residents were to be assisted with hand hygiene prior to meals but did not assist the resident.

There was a risk of infection transmission to the resident when they were not assisted with hand hygiene prior to their meal.

Sources: Observations in one RHA; review of IPAC Standard for Long-Term Care Homes April 2022; and interviews with a PSW and other staff. [665]

C) The home has failed to ensure that Routine Practices were in accordance with the “IPAC Standard for Long-Term Care Homes April 2022”. Specifically, hand hygiene, including the four moments of hand hygiene, as required by Additional Requirement 9.1 (b) under the IPAC standard.

Rationale and Summary

A PSW assisted a resident to their dining table and proceeded to prepare beverages for the meal service, without performing hand hygiene.

The PSW confirmed that they did not perform hand hygiene after contact with the resident and prior to preparing beverages.

The IPAC Lead indicated their hand hygiene program followed the Just Clean Your Hands Program and staff were to perform hand hygiene after resident contact and prior to preparing food and beverages.

There was a risk of infection transmission to the PSW and other residents when the PSW did not perform hand hygiene under routine practices.



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

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Sources: Observations in one RHA; review of the IPAC Standard for Long-Term Care Homes April 2022; and interviews with the PSW and IPAC Lead. [665]