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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: October 3, 2024
Inspection Number: 2024-1581-0004
Inspection Type: Complaint Critical Incident
Licensee: The Regional Municipality of Peel
Long Term Care Home and City: Sheridan Villa, Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 12, 13, 16, 17, 18, 19, 20, 2024

The following intake(s) were inspected in this complaint inspection:

- Intake: #00118164 - Complainant with concerns regarding Prevention of Abuse and Neglect.

The following intake(s) were inspected in this critical incident (CI) inspection:

- Intake: #00124133 - Critical Incident (CI)- M572-000032-24 - Related to Fall Prevention and Management

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

Infection Prevention and Control
Prevention of Abuse and Neglect

Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 24.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
24. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.

Licensee has failed to ensure residents right not to be restrained were fully respected and promoted

Rationale and Summary
On a day in May 2024, in an attempt to prevent resident from walking, a staff engaged in restraining resident by placing their foot on the chair confining their movement.
The staff confirmed using their foot to restrain the resident to avert a fall.

Director of Care(DOC) verified that staff had their legs on either side of the chair. Resident was confined in that position and was restricted to move.

Resident was making multiple attempts to get up and move and was getting visibly

upset and agitated with the restriction of their movement.

Sources: Resident's Clinical records, Prevention, Reporting and Elimination of Abuse/Neglect Policy ,Video recording**,** Interviews with staff and DOC.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.
Rationale and Summary
The home's Prevention, Reporting and Elimination of Abuse/ Neglect policy directs "Intentionally applying force to the Resident, directly or indirectly, without the Resident's Consent".

On a day in May 2024, a staff consistently impeded resident attempt to stand by exerting pressure on their shoulders compelling resident to remain seated on their chair.

Director of Care (DOC) verified that staff was using their hands and putting pressure

on resident shoulder to keep them remain seated on the chair.

Resident was visibly agitated and upset by these actions.

Sources: Resident 's clinical records; Prevention, Reporting and Elimination of Abuse/Neglect Policy, Video recording, Interviews with staff and DOC.

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