

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

Public Report

Report Issue Date: June 3, 2025

Inspection Number: 2025-1581-0002

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): May 8-9, 13-16, 20, 22-23, 26-30, June 2-3, 2025.

The following intake(s) were inspected:

- Intake: #00140021/ Critical Incident (CI) #M572-000014-25 was related to resident care and services.
- Intake: #00145153 was related to a complaint with concerns regarding resident care and services.
- Intake: #00145474/ (CI) #M572-000021-25 was related to infection prevention and control.
- Intake: #00146285/ (CI) #M572-000022-25 was related to fall prevention and management.

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

Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Infection Prevention and Control

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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: 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.

The licensee has failed to ensure that the care set out in the plan of care for a resident related to a fall prevention and management intervention was provided on a certain day. When brought to the attention of the home, the intervention was implemented.

Sources: Resident records, observation, and interview with staff.

Date Remedy Implemented: May 23, 2025

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

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s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that the plan of care related to altered skin integrity was reviewed and revised when the care needs changed for a resident.

A review of a resident's records and interview with staff indicated that the no assessment was conducted for the resident upon identification of altered skin integrity and subsequently, the treatment plan was not updated in the plan of care as per the home's Skin and Wound Policy.

Sources: Review of a resident's clinical records, Skin and Wound Care Program, and interview with staff.

WRITTEN NOTIFICATION: Changes in Plan of Care, Consent

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

Non-compliance with: O. Reg. 246/22, s. 32

Changes in plan of care, consent

s. 32. Every licensee of a long-term care home shall ensure that when a resident is reassessed and the resident's plan of care is reviewed and revised under subsection 6 (10) of the Act, any consent or directive with respect to "treatment" as defined in the Health Care Consent Act, 1996, including a consent or directive with respect to a "course of treatment" or a "plan of treatment" under that Act, that is relevant, including a regulated document under paragraph 2 of subsection 266 (1) of this Regulation, is reviewed and, if required, revised.

The licensee failed to ensure that when a resident was reassessed and the

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resident's plan of care was reviewed and revised under subsection 6 (10) of the Act, consent with respect to "treatment" as defined in the Health Care Consent Act, 1996, was not obtained.

Review of clinical records and interviews indicated that the POA of a resident was neither notified nor their consent was obtained about a new treatment plan ordered for the resident on a specific day.

Sources: Resident's POA for Personal Care, Resident's clinical records, and interview with staff.

WRITTEN NOTIFICATION: Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure a skin assessment for a resident exhibiting altered skin integrity was completed using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

A review of the clinical records for a resident and interview with staff showed that no initial skin and wound assessment was completed as required as per the home's policy.

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Sources: Review of resident's clinical records, Skin and Wound Care Program, and interview with staff.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure that a resident exhibiting altered skin integrity was reassessed weekly using a clinically appropriate assessment instrument.

A review of the resident's skin assessments and interview with staff showed that there were no weekly assessments completed for the resident with skin alteration as required.

Sources: Review of resident's clinical records, Skin and Wound Care Program, and interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

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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).

The licensee has failed to implement the standard or protocol issued by the Director with respect to infection prevention and control.

The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, revised September 2023, section 9.1 (b), indicates that the licensee shall ensure that Routine Practices are followed in the IPAC program, including the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact).

On a certain day, staff assisting residents before meal time failed to follow correct hand hygiene practices as required and identified in the IPAC standard.

Sources: Observation, interview with staff, and home's Hygiene Program Policy.