

**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:** March 17, 2025

**Inspection Number:** 2025-1366-0002

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Schlegel Villages Inc.

**Long Term Care Home and City:** The Village of Erin Meadows, Mississauga

## INSPECTION SUMMARY

This intake has been modified to reflect administrative changes.

The inspection occurred onsite on the following date(s): March 4-7, 10-14, 17, 2025

The following intake(s) were inspected:

- Intake #00140996 - Proactive Compliance Inspection (PCI) for The Village of Erin Meadows.

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

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Residents' and Family Councils  
Food, Nutrition and Hydration  
Medication Management  
Safe and Secure Home  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Quality Improvement  
Staffing, Training and Care Standards

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Residents' Rights and Choices  
Pain 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. 3 (1) 19. iv.**

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:

19. Every resident has the right to,

iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

The licensee has failed to ensure that resident personal health information (PHI) was kept confidential.

An unattended cooler was observed in the main entrance vestibule of the home; an area accessible to the public. The cooler contained requisition forms that included resident PHI as well as collected specimen samples.

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Staff confirmed the specimen samples and requisitions were not stored in a confidential manner and immediately removed them from the area.

**Sources:** Observation, interview with staff.

**Date Remedy Implemented:** March 4, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that a door leading to a non-residential area was kept closed and locked when it was not supervised by staff. A supply room door on a resident neighborhood was observed to be unlocked and open and no staff were in the area to supervise the door. A staff member immediately closed and locked the door when it was identified to them.

**Sources:** Observations, a video, discussion with staff.

**Date Remedy Implemented:** March 4, 2025

**WRITTEN NOTIFICATION: General requirements**

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

General requirements

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s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

A) The licensee has failed to ensure that the skin and wound care program evaluation for 2024 included the dates that the summary of changes were implemented in the home.

**Sources:** 2024 Skin and Wound Care Program Evaluation, interview with staff.

B) The licensee has failed to ensure that the pain management program evaluation for 2024 included the summary of changes made and the dates that those changes were implemented in the home.

**Sources:** 2024 Pain Management Program Evaluation.

## WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (1) (c)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

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The licensee has failed to ensure that a resident's plan of care provided clear direction to staff when their wound treatment order did not specify the location of the wound.

**Sources:** A resident's clinical record, interview with staff.

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (8)**

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee has failed to ensure that dietary staff were kept aware of and had immediate access to the contents of a resident's plan of care. The resident's plan of care had a list of foods they were not to be served. Electronic meal service notes accessible to dietary staff in the servery did not display the identified dietary restrictions.

**Sources:** A resident's meal service notes, a resident's plan of care, interview with staff.

### WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

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

**Non-compliance with: FLTCA, 2021, s. 19 (2) (c)**

Accommodation services

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s. 19 (2) Every licensee of a long-term care home shall ensure that,  
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the home was maintained in a safe condition and good state of repair when exposed wires were observed coming out of the wall in a spa room on a resident neighborhood.

**Sources:** Observations, discussion with staff, a photograph.

## WRITTEN NOTIFICATION: Duty to respond

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 66 (3)**

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure that a response was provided to recommendations and/or concerns brought forward by the Family Council about the operation of the home within 10 days for four separate meetings. Of the concerns and/or recommendations, three had a written response provided over 10 days later, and other recommendations did not have a written response provided at all.

**Sources:** Interview with staff, family council meeting minutes.

## WRITTEN NOTIFICATION: Air temperature

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NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 24 (3)**

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that for 11 days in a specified month, the air temperature was documented in one resident common area on every floor of the home at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

**Sources:** Air Temperature logs, interview with staff.

**WRITTEN NOTIFICATION: Nursing and personal support services**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 35 (4)**

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that the staffing plan evaluation for 2024 included the dates that the summary of changes were implemented in the home.

**Sources:** 2024 Staffing Plan Evaluation.

**WRITTEN NOTIFICATION: Required programs**

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NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The licensee has failed to comply with the home's skin and wound care program. A resident's skin assessment indicated they had a wound. A referral to the home's skin and wound care lead was not completed as per the home's policy.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that they have a skin and wound care program that is developed and implemented in the home to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

**Sources:** A resident's clinical record, interview with the staff, the home's policy.

**WRITTEN NOTIFICATION: Skin and wound care**

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (1) 4.**

Skin and wound care

s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:

4. Treatments and interventions, including physiotherapy and nutritional care. O. Reg. 246/22, s. 55 (1).



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The licensee has failed to comply with the home's skin and wound care program. A resident's skin assessment indicated they had a wound. A referral to the home's registered dietitian (RD) was not completed as per the home's policy.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that the home's skin and wound care program provides for treatments and interventions, including nutritional care.

**Sources:** A resident's clinical record, interview with the staff, the home's policy.

**WRITTEN NOTIFICATION: Housekeeping**

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 93 (4)**

Housekeeping

s. 93 (4) The licensee shall ensure that a sufficient supply of housekeeping equipment and cleaning supplies is readily available to all staff at the home.

The licensee has failed to ensure that there was a sufficient supply of toilet brushes readily available in the home to ensure best practices for cleaning of toilets.

Housekeeping staff used the the same toilet brush when going room-to-room during daily cleaning of toilets in resident washroom, and there was an insufficient supply of toilet brushes readily available in storage to ensure each resident washroom had its own toilet brush. The home's policy cited the home's practices for housekeeping were adapted from Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practices for Environmental Cleaning, which advises toilet brushes not be carried from room-to-room.

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**Sources:** Observations, interview with staff, observation of supplies in storage room, the home's policy.

## WRITTEN NOTIFICATION: Infection prevention and control program

NC #013 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).

A) The licensee has failed to ensure that requirements under the Infection Prevention and Control (IPAC) Standard, revised September 2023, issued by the Director were implemented specific to requirements set out under Section 9.1 Routine and Additional Precautions, which states that at minimum, Routine Practices, shall include use of infectious disease risk assessments including point of care risk assessments (PCRAs).

A staff did not complete a PCRA prior to interacting with a resident who was on additional precautions.

**Sources:** Observations, interview with staff.

B) The licensee has failed to ensure that requirements under the IPAC Standard, revised September 2023, issued by the Director were implemented specific to requirements set out under Section 9.1 Routine and Additional Precautions, which states that at minimum, Routine Practices shall include hand hygiene, including, but not limited to, at the four moments of hand hygiene.

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A staff failed to perform hand hygiene after handling garbage from a resident room that was on additional precautions.

**Sources:** Observations.

C) The licensee has failed to ensure that requirements under the IPAC Standard, revised September 2023, issued by the Director were implemented specific to requirements set out under Section 5.6 which states that the licensee shall ensure there are policies and procedures in place to determine the frequency of surface cleaning and disinfection using a risk stratification approach, and that the surfaces are cleaned at the required frequency.

The home's policy stated mechanical lifts will be cleaned with a low-grade disinfectant however it did not specify frequency for cleaning of mechanical lifts. The policy stated shared slings would be disinfected between each use. A pre-startup checklist posted in a mechanical lift storage area directed staff to ensure disinfectant be attached to lift or accessible.

A sit-to-stand lift was seen on a resident neighborhood and was visually soiled with dry debris covering areas of the frame and foot plate. The lift was used to transfer a resident and then placed in the storage room with a sling hanging off of it. The sling and lift were not disinfected after being used and no disinfectant was attached to the lift or readily accessible.

**Sources:** The home's policy, observation, a mechanical lift pre-startup checklist, interviews with staff.

**WRITTEN NOTIFICATION: Continuous quality improvement  
initiative report**

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NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. i.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

- 6. A written record of,
  - i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

The licensee has failed to ensure that the home's continuous quality improvement initiative (CQI) report contained the dates actions were taken to improve the long-term care home, the care, services, programs and goods based on the documentation of the results of the Resident and Family/Caregiver experience survey, when the actions were implemented and the outcome of those actions.

**Sources:** The homes CQI report, interview with staff.

## **WRITTEN NOTIFICATION: Continuous quality improvement initiative report**

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. v.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

- 6. A written record of,
  - v. how, and the dates when, the actions taken under subparagraphs i and ii were

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communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the home's CQI report contained how the actions taken to improve the long-term care home, the care, services, programs and goods based on documentation of the results of the Resident and Family/Caregiver experience survey were communicated to residents and their families, the Residents' Council, Family Council and staff members of the home or the dates when these actions were communicated.

**Sources:** Interview with staff, the home's CQI report.