

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

Public Report

Report Issue Date: January 30, 2025

Inspection Number: 2025-1613-0002

Inspection Type:

Critical Incident

Licensee: The Regional Municipality of Peel

Long Term Care Home and City: Malton Village Long Term Care Centre,
Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 20 - 24, 27 - 30, 2025.

The following Critical Incident (CI) intake(s) were inspected:

- Intake: #00130653 - CI #M618-000071-24 - Related to improper care and neglect of resident
- Intake: #00130695 - CI #M618-000069-24 - Related to improper care of a resident
- Intake: #00132583 - CI #M618-000075-24; Intake: #00132959 - CI #M618-000076-24; Intake: #00133109 - CI #M618-000078-24 - Related to staff to resident neglect
- Intake: #00134564 - CI #M618-000081-24 - Related to resident to resident abuse
- Intake: #00135217 - CI #M618-000082-24 - Related to fall incident
- Intake: #00133693 - CI #M618-000079-24; Intake: #00135844 - CI #M618-000083-24; Intake: #00137764 - CI #M618-000006-25; -Intake: #00131183 - CI #M618-000072-24 - Related to infectious disease outbreaks

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- 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) 1.

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:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

The licensee has failed to ensure that the rights of a resident to be treated with courtesy and respect in a way that fully recognized their inherent dignity, worth and individuality was fully respected by a Personal Support Worker (PSW) when they requested assistance with continence care.

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Sources: Resident's clinical records, home's investigation notes; and interviews with the resident, and PSW.

WRITTEN NOTIFICATION: Plan of care

NC #002 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

The licensee has failed to ensure that the written plan of care for a resident sets out clear directions to staff and others who provided direct care to the resident related to the type of product used during continence care.

Sources: Resident's clinical records; and interviews with the Supervisor of Care (SOC) and others.

WRITTEN NOTIFICATION: Integration of Assessments, Care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee has failed to ensure that the staff and others involved in the different

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aspects of care of a resident collaborated with each other, in the assessment of the resident so that their assessments were integrated and were consistent with and complemented each other. The resident required a different level of assistance during a transfer after experiencing a fall. There was no immediate collaboration among staff when the resident experienced a change in status.

Sources: Critical Incident System (CIS) Report; resident's clinical records; home's investigation notes; Lifts and Transfers Program Policy, Pain Management Program Policy; and interviews with the PSWs, Registered Nurse (RN), SOC, and others.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of the care set out in residents plan of care were documented.

a) The substitute decision maker (SDM) for a resident indicated that they were not informed of the discontinuation of a medication. There was no documentation from the Medical Doctor or Registered Practical Nurse (RPN) that the SDM was informed of the change in the plan of care.

Sources: CIS Report; resident's clinical records; home's investigation notes; and interviews with the RPN, and SOC.

b) The Dementia Observation System (DOS) monitoring for a resident was not

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documented on multiple instances over a specific period of time.

Sources: Resident's clinical records; and interview with the SOC.

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from physical abuse by another resident when a PSW witnessed an incident that resulted in physical abuse.

Section 2 of the Ontario Regulation 246/22 defines physical abuse as "the use of physical force by anyone other than a resident that causes physical injury or pain."

Sources: Residents clinical records; home's investigation notes; interview with SOC and others.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #006 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

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policy is complied with.

The licensee has failed to ensure that their written policy to promote zero tolerance of abuse and neglect of residents was complied with.

The home's abuse and neglect policy stated, "anyone who witnesses or suspects alleged abuse and/or neglect will intervene to ensure resident/staff safety and well-being."

A PSW witnessed an incident of resident to resident physical abuse, but did not intervene.

Sources: Prevention, Reporting and Elimination of Abuse/Neglect policy; and interviews with the SOC and others.

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that they immediately reported to the Director when a staff had reasonable grounds to suspect that a resident was abused and neglected.

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Sources: CIS Report; and interviews with the RPN, RN, and SOC.

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee has failed to ensure that procedures were implemented for the cleaning and disinfection of a device, at a minimum, using a low-level disinfectant in accordance with evidence-based practices.

A PSW did not disinfect the shared equipment after it was used on a resident.

Sources: Inspector's observations; Cleaning And Disinfection of Equipment, Environmental Surfaces and Single Use Products Policy; and interview with the PSW.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

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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).

The licensee has failed to ensure that any standard issued by the Director with respect to Infection Prevention and Control (IPAC) was implemented.

1)Section 9.1 (d) of the IPAC Standard for Long-Term Care Homes April 2022, revised in September 2023, which dictated that Routine Practices are followed in the IPAC program, including but not limited to the proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal.

A PSW failed to discard their gloves after it was contaminated, and proceeded to perform other tasks with the soiled gloves.

Sources: Inspector's observations; Personal Protective Equipment policy; and interview with the PSW.

2)Section 9.1 (b) of the IPAC Standard for Long-Term Care Homes April 2022, revised in September 2023, which dictated that Routine Practices are followed in the IPAC program, including but not limited to the four moments of hand hygiene including after resident/resident environment contact.

During meal service, a PSW failed to wash their hands after coming in contact with multiple dirty dishes and cutlery when they cleared the tables, and they proceeded to serve meals to residents.

Sources: Inspector's observations; Hand Hygiene Program Policy; and interview with the PSW.

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WRITTEN NOTIFICATION: Administration of Drugs

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

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

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. 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. The nursing staff did not follow the bowel protocol in the medical directives to complete assessments and administer medications to the resident.

Sources: Resident's clinical records, Medical Directive Policy; Continence Care and Bowel Management Program; and interviews with the RPN and SOC.