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

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Public Report

Report Issue Date: July 24, 2025
Inspection Number: 2025-1613-0005
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): July 10-11, 14-18, 22, 24, 2025.

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

- Intake: #00147903 /CI #M618-000024-25 - related to falls prevention and management.
- Intake: #00148678 /CI #M618-000026-25 - related to communicable disease outbreak.
- Intake: #00148932 /CI #M618-000027-25 - related to falls prevention and management.
- Intake: #00150850 /CI #M618-000029-25 - related to resident care.

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

Resident Care and Support Services
Infection Prevention and Control
Safe and Secure Home
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Air Temperature

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.
Air temperature
s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
1. At least two resident bedrooms in different parts of the home.

The licensee has failed to ensure that the temperature was measured and documented in writing in two resident bedrooms in different parts of the home on a specific day in June 2025.

Sources: Home's daily air temperature logs and interview with Supervisor of Facility Services.

WRITTEN NOTIFICATION: Air Temperature

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (2) 2.
Air temperature
s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.

The licensee has failed to ensure that the temperature was measured and documented in writing in one resident common area on every floor of the home on a specific day in June 2025.

Sources: Home's daily air temperature logs and interview with Supervisor of Facility Services.

WRITTEN NOTIFICATION: Air Temperature

NC #003 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 the temperature was measured and

documented in writing in two resident bedrooms in different parts of the home and one resident common area on every floor of the home on a specific day in June 2025.

Sources: Home's daily air temperature logs and interview with Supervisor of Facility Services.

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 (8)
Infection prevention and control program
s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee has failed to ensure that all staff participated in the implementation of the program in accordance with the home's policy titled Hand Hygiene Program when they did not assist a resident with hand hygiene prior to mealtime and did not perform hand hygiene before assisting resident with their meal.

(i) During a meal observation a resident was not offered hand hygiene prior to their meal. Registered Practical Nurse (RPN) confirmed that they did not offer hand

hygiene to the resident before the meal service.

(ii) During the same meal observation a Personal Support Worker (PSW) did not perform hand hygiene after doffing their mask and prior to assisting a resident with their meal.

Sources: Inspector's observations; Policy titled Hand Hygiene Program, Policy Number: LTC8-03.01TAB, Last updated Date: April 22, 2024; and interviews with the IPAC Lead.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that on every shift, symptoms indicating the presence of infection in resident were monitored.

The resident exhibited symptoms of respiratory infection and was placed on isolation precautions during an outbreak. Staff failed to monitor and document signs and symptoms during two evening shifts and one day shift in June 2025.

Sources: Resident's clinical records; interview with IPAC Lead.

WRITTEN NOTIFICATION: CMOH and MOH

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that recommendations issued by the Chief Medical Officer of Health appointed under the Health Protection and Promotion Act were followed in the home.

Specifically, the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings last updated February 2025, that indicated alcohol-based hand rubs (ABHR) "must not be expired," was not complied with.

An observation revealed there were two ABHRs with an expiration date of April 2025 in the dining room being used by multiple staff during meal service.

Sources: Inspector's observation and interview with IPAC Lead; Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (Ministry of Health, Effective: February 2025)