

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: September 25, 2025

Inspection Number: 2025-1581-0005

Inspection Type:
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 17-19, and 23-25, 2025.

The following Critical Incident (CI) intakes were inspected:

-Intake: #00154661 -M572-000042-25 - related to skin and wound prevention and management.

-Intake: #00156235 -M572-000044-25 - related to fall prevention and management.

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

Skin and Wound Prevention and Management

Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Integration of assessments, care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

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,

(b) in the development and implementation of the plan of care so that the different

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aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that the interdisciplinary team involved in the care of a resident collaborated with each other in the development and implementation of resident's fall risk and interventions.

Physiotherapist (PT) assessed a resident at a higher risk level than an Registered Practical Nurse. Registered Nurse (RN) stated when there were varying risk levels, the PT assessment is used to update the care plan. Due to the lack of collaboration, the resident's care plan continued to state the resident was at the lowest risk for falls with no updates to fall prevention interventions and the resident had fall.

Sources: resident clinical records, and interviews with staff.

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that any action taken with respect to resident under the Skin and Wound program, including weekly reassessments were documented.

Sources: Skin and Wound program effective, resident's clinical records and interviews with staff.

WRITTEN NOTIFICATION: Required programs

NC #003 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

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of wounds and pressure injuries, and provide effective skin and wound care interventions.

The licensee has failed to ensure that the home's Skin and Wound Care Program was complied with.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee was required to ensure that staff complied the home's Skin and Wound Program effective October 7, 2024.

Specifically, the home's Skin and Wound Program indicated that registered staff were to communicate with the Substitute Decision Maker (SDM) on the evaluation of progress.

Resident's wound was deteriorating as per their weekly reassessment and the SDM was not notified.

Sources: Skin and Wound program, resident's clinical records and interviews with staff.