

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Public Report**

**Report Issue Date:** November 19, 2025

**Inspection Number:** 2025-1399-0005

**Inspection Type:**

Critical Incident  
Follow up

**Licensee:** Schlegel Villages Inc.

**Long Term Care Home and City:** The Village of Riverside Glen, Guelph

**INSPECTION SUMMARY**

**The inspection occurred onsite on the following date(s):** November 3-7, 10, 12-13, 18-19, 2025

**The following intake(s) were inspected:**

- Intake: #00156298, #00156299 - Follow-Up intakes related to Resident Care and Support Services and Preventions of Abuse and Neglect
- Intake: #00161100, #00158230 - Responsive Behaviours
- Intake: #00159475 - Falls Prevention and Management
- Intake: #00159561 - Resident Care and Support Services

**Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2025-1399-0004 related to O. Reg. 246/22, s. 40

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Order #001 from Inspection #2025-1399-0004 related to FLTCA, 2021, s. 24 (1)

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

- Resident Care and Support Services
- Prevention of Abuse and Neglect
- Responsive Behaviours
- 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: O. Reg. 246/22, s. 112 (2)**

Licensees who report investigations under s. 27 (2) of Act s. 112 (2) Subject to subsection (3), the licensee shall make the report within 10 days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the Director.

A Critical Incident report was immediately updated with information required by the Director upon discussing the requirements with the home.

**Sources:** interviews with staff.

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**Date Remedy Implemented:** November 13, 2025

## **WRITTEN NOTIFICATION: Transferring and Positioning Techniques**

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

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

A resident did not receive the level of assistance that they required for transferring.

**Sources:** clinical records, interviews with staff.

## **WRITTEN NOTIFICATION: Responsive Behaviours**

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

An assessment tool was not completed and analyzed as per the home's policy.

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**Sources:** assessment documentation, Personal Expression Program Policy (Tab 04-84), interviews with staff.

## **WRITTEN NOTIFICATION: Altercations and Other Interactions Between Residents**

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

**Non-compliance with: O. Reg. 246/22, s. 59 (b)**

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(b) identifying and implementing interventions.

Two residents had an altercation when staff did not implement interventions required to keep the residents safe.

**Sources:** clinical records, interviews with staff.

## **COMPLIANCE ORDER CO #001 Duty to Protect**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

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**1)** Complete a root cause analysis to determine the circumstances and contributing factors resulting in the incidents between the residents.

**a)** From the analysis, determine gaps in processes, and create and implement an action plan to address the gaps, including follow-up actions with staff, if required;

**b)** Maintain detailed documentation of the root cause analysis, action plan and implementation of the action plan, including when and who was involved in the implementation.

**2)** Develop a contingency plan to ensure adequate coverage to oversee the roles and responsibilities of the Personal Expressions Resource Team Lead in their absence.

**a)** Determine who is required to be aware of the contingency plan and educate these individuals on the plan.

**b)** Keep detailed documentation to provide to the inspector of when the plan was implemented, by who, and what actions were taken including the education to staff.

**Grounds**

**A)** Two residents had a history of behaviours with interventions to mitigate the risk of an altercation.

When staff did not implement the interventions required to keep the residents safe, the residents had an altercation resulting in an injury to one of the residents.

**Sources:** clinical records, interviews with staff.

**B)** A resident had a known history of behaviours with interventions to respond to these behaviours.

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The resident was expressing behaviours and staff were directed to implement an intervention.

The resident had an altercation with a co-resident resulting in a physical injury and emotional distress to the co-resident.

**Sources:** clinical records, Personal Expressions Program policies and procedures (tab 04-84), interviews with staff.

**This order must be complied with by** January 9, 2026

**This compliance order is also considered a written notification and is being referred to the Director for further action by the Director.**

**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

## **NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$16500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date

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the order under s. 155 was issued, the licensee failed to comply with the same requirement.

**Compliance History:**

High Priority Compliance Orders: February and August 2025

Compliance Orders: July 2024

Written Notifications: December 2022, February 2023, November 2023, December 2024

This is the third AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).