

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

Hamilton District

119 King Street West, 11th Floor Hamilton, ON, L8P 4Y7 Telephone: (800) 461-7137

Public Report

Report Issue Date: April 1, 2025

Inspection Number: 2025-1339-0001

Inspection Type:

Complaint

Critical Incident

Follow up

Licensee: Schlegel Villages Inc.

Long Term Care Home and City: The Village of Tansley Woods, Burlington

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 20-21, 24-28 and April 1, 2025.

The following intake(s) were inspected:

- Intake #00135079 Follow-up to Compliance Order (CO) #001 from inspection #2024_1339_0003, Ontario Regulation (O. Reg) 246/22 s. 102
 (2) (b) Infection Prevention and Control (IPAC), with a compliance due date of March 5, 2025.
- Intake #00134046 Critical Incident (CI) #2854-000040-24 related to prevention of abuse and neglect.
- Intake #00135155 CI #2854-000042-24 related to responsive behaviours.
- Intake #00138482 CI #2854-000003-25 related to an enteric outbreak.
- Intake #00142465 CI #2854-000006-25 related to a change in condition requiring a transfer to hospital.
- Intake #00141870 related to a complaint of improper care.

The following intakes was completed in this inspection:

• Intake #00140138 - CI #2854-000004-25 related to an acute respiratory infection outbreak.



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Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1339-0003 related to O. Reg. 246/22, s. 102 (2) (b)

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

Infection Prevention and Control 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: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary; or



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The licensee has failed to ensure that the plan of care was reviewed and revised when additional precautions were no longer required.

During the inspection the resident's plan of care was reviewed and revised to reflect that the additional precautions were no longer required.

Sources: Observation of resident's room, care plan, interview with staff.

Date Remedy Implemented: March 21, 2025