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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: October 17, 2025
Inspection Number: 2025-1386-0006
Inspection Type: Critical Incident
Licensee: Schlegel Villages Inc.
Long Term Care Home and City: The Village of Taunton Mills, Whitby

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 8, 9, 14 -17, 2025.
The following intake(s) were inspected:
-One intake related to fracture not related to fall of resident
-Two intakes related to resident falls with sustained injuries

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

Resident Care and Support Services
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 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 failed to ensure that the staff and others involved in the different aspects of

care of a resident collaborated with each other in the assessment and care of the resident. Appropriate follow up and care required for the fracture sustained by the resident were not evident. Assessments were not completed and integration and consistency were not demonstrated.

Sources: Critical Incident Report (CIR), the resident's clinical record, home's internal investigation file, interviews with Director of Care (DOC) and Registered Nurse (RN)

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (c)
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,
(c) care set out in the plan has not been effective.

The licensee had failed to ensure that the resident's falls risk was reassessed after they sustained an injury, and that the plan of care was revised when the care set out in the plan was not effective.

Sources: The CIR, the resident's clinical record, interview with DOC

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 (2) (b)
Required programs
s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,
(b) provide for assessment and reassessment instruments. O. Reg. 246/22, s. 53 (2).

The licensee failed to ensure that a resident was reassessed for risk of falls when they sustained an increased number of falls. A reassessment was not completed when the resident returned from hospital after sustaining two falls within one week and after sustaining multiple falls within a subsequent two week period.

Sources: CIR, the home's Falls Prevention and Management Program, the resident's clinical record, interview with DOC

WRITTEN NOTIFICATION: Skin and wound care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that after bruising was observed on a resident that a skin assessment was completed by registered staff using a clinically appropriate assessment instrument.

Sources: CIR, home's Skin and Wound Care Program, home's internal investigation file, the resident's clinical record, interview with DOC

WRITTEN NOTIFICATION: Skin and wound care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The Registered Practical Nurse (RPN) did not complete the specified pain assessment

tool when assessing a resident's bruise. This specific assessment tool is part of the resident's care plan. The DOC acknowledged failure to conduct this assessment could have impacted interventions to reduce pain and is a violation of the home's pain program.

Sources: The resident's clinical health records, the home's pain program, and interviews with RPN and DOC

WRITTEN NOTIFICATION: Integrating restorative care into programs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 63 (b)
Integrating restorative care into programs
s. 63. Every licensee of a long-term care home shall ensure that,
(b) the restorative care approaches are co-ordinated to ensure that each resident is able to maintain or improve their functional and cognitive capacities in all aspects of daily living, to the extent of their abilities.

A resident's plan of care directed registered staff to apply a supportive device to the resident's appendage daily. During the inspection, the resident was observed without the device on two occasions. This injury impacted the resident's mobility and activities of daily living, resulting in a change in transfer method. A physiotherapist (PT) confirmed that not using the device as directed could delay healing and recovery of function.

Sources: The resident's clinical health records, observations, and interviews with Personal Support Worker (PSW), RPN, DOC, PT

WRITTEN NOTIFICATION: Notification re incidents

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 104 (1) (a)
Notification re incidents
s. 104 (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,
(a) are notified immediately upon the licensee becoming aware of an alleged,

suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being; and

The licensee failed to ensure that the Power of Attorney (POA) for a resident was notified immediately after unexplained bruising was observed. The RPN that conducted the assessment deferred notification to the next shift.

Sources: The resident's clinical health records and interviews with the RPN and DOC

COMPLIANCE ORDER CO #001 Duty to protect

NC #008 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)]:
The licensee shall:
1. The DOC or management designate will create a tool or checklist for the tasks listed in the home's existing Move In / Return to Home Policy (associated with resident readmission after return from hospital). The checklist should provide a designated area for staff to sign and date when the task has been completed. Additional information indicating that a discharge summary and follow up instructions have been received from the hospital will be added to the checklist.

2. Educate all registered staff responsible for completing readmissions on the content and use of the checklist.

3. Audit the checklists for all residents who have returned from hospital to ensure that the discharge summary and follow up instructions have been received and documented in the resident's clinical record for a period of 4 weeks.

4. Provide corrective action / follow up when the discharge summary / follow up instructions have not been received or receipt has not been indicated by signature.

Grounds

The licensee failed to protect a resident from improper care and neglect that resulted in harm or risk of harm to the resident.

A critical incident report was submitted to the Director regarding two falls that a resident sustained. The resident was sent to hospital for assessment after extensive bruising was noted on multiple body part areas. An x-ray confirmed a fracture was sustained.

Rational and Summary

As per the falls risk assessment, the resident was identified of being at high risk of falls. When the resident returned from hospital with a fracture the RN on duty acknowledged awareness of the condition and the typical need for a supportive device to prevent further harm. The resident exhibited frequent upper limb movement due to agitation. No instructions for managing the injury were provided upon return, and no follow-up was initiated, resulting in the resident going without appropriate treatment.

The DOC indicated that It would be the expectation that staff would get information about how to manage the fracture. The DOC indicated that there were no follow up treatment recommendations obtained for managing the resident's fracture.

The following non-compliance was identified within this report specific to this resident's injury:
- written notification - O. Reg. 246/22 s. 53 (2)
(b)
– written notification – O. Reg. 246/22 s. 55 (2) (b)
(i)
- written notification – FLTCA, 2021 s. 6 (4)
(a)
- written notification – FLTCA, 2021 s. 6 (10) (c)

Failing to ensure that the resident was protected from improper care and neglect when they were identified to have a fracture, put the resident at risk of additional injury or exacerbation of an injury.

Sources: Critical Incident Report (CIR), the resident's clinical record, interviews with DOC and RN

This order must be complied with by December 1, 2025

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

Compliance History:

Duty to protect
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.

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.

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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.