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: March 11, 2026
Inspection Number: 2026-1386-0002
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 dates: March 3 - 5, 9 - 11, 2026
The inspection occurred offsite on the following date: March 6, 2026

The following intakes were inspected:
- Two intakes related to resident to resident altercation causing injury.
- Two intakes related to falls causing an injury.

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

Prevention of Abuse and Neglect
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 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

A resident's written plan of care did not contain clear directions to staff and others who provide direct care to the resident regarding their care. Lack of clear direction potentially impacted the ability of care staff to recognize the resident's needs.

Sources: Critical Incident Report (CIR), resident's clinical record, review of the home's policies, interview with Assistant Director of Care (ADOC)

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee had reasonable grounds to suspect resident-to-resident abuse but did not immediately report it to the Director.

Sources: CIR, resident clinical records, interview with Behavioural Services Ontario (BSO) nurse

WRITTEN NOTIFICATION: Care conference

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 30 (1) (a)
Care conference
s. 30 (1) Every licensee of a long-term care home shall ensure that,
(a) a care conference of the interdisciplinary team providing a resident’s care is held within six weeks following the resident’s admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and their substitute decision-maker, if any;

On specified dates in two consecutive years, required interdisciplinary care conferences were not held for two residents.

Sources: CIR, residents clinical records, interview with the BSO RN

On a specified date, an annual interdisciplinary care conference was not conducted for a resident.

Sources: CIR, resident clinical records, interview with ADOC

On a specified date, an annual interdisciplinary care conference was not conducted for a resident.

Sources: resident clinical records, and interview with BSO RN

COMPLIANCE ORDER CO #001 Pain management

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 1.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1. Complete weekly audits for a period of three weeks of two residents with changes in cognition on a specific resident home area, currently receiving medication management of a condition.
2. Review the weekly audits to determine which specific assessment instrument tool was used based on the resident's assessed needs.
3. Provide education related to utilization of the specified assessment instrument tool to registered staff working on a specified resident home area who are responsible for medication administration. Include review of the home's policy in the education.

Grounds

A resident sustained a fall resulting in an injury. The written plan of care indicated that, due to assessed needs, a specific assessment tool was to be used. On multiple

occasions, the incorrect assessment tool was utilized when assessing the resident's pain. ADOC indicated that staff are expected to utilize the specified assessment instrument tool outlined in the written plan of care. ADOC indicated that there is a risk of inaccurate assessments if staff do not utilize the appropriate assessment instrument. The inconsistent use of the specified assessment instrument tool, may have limited staff's ability to accurately assess and monitor the resident following their fall with an injury.

Sources: resident clinical records, home’s policy, interview with ADOC

A resident sustained a fall. An injury was noted several days after the incident. The resident's written plan of care indicated that due to their assessed needs a specific assessment tool was to be used. The resident was not consistently assessed for pain with the specified tool. The inconsistent use of the specified pain assessment instrument tool, may have limited staff's ability to accurately assess and monitor the resident following their fall with an injury.

Sources: CIR , resident clinical records, home’s policy, interview with ADOC

This order must be complied with by May 15, 2026

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.