

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: February 11, 2026

Inspection Number: 2026-1326-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Schlegel Villages Inc.

Long Term Care Home and City: The Village of Wentworth Heights, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 29 & 30, 2026 and February 2 - 6 & 9 - 11, 2026

The following intake was inspected:

- Intake: #00168738 - Proactive Compliance Inspection (PCI)

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

Contenance Care
Infection Prevention and Control
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

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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 clinical records directed staff to a specified intervention related to occasional bowel incontinence. The most current incontinence product list on the home area indicated the resident was not incontinent of bowels, with no product listed on any shift. As a result, the application of an incontinence product was inconsistent across shifts and staff.

Sources: Resident's clinical record, incontinence product list, interviews with staff and the resident's power of attorney.

WRITTEN NOTIFICATION: Additional training - direct care staff

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

Non-compliance with: FLTCA, 2021, s. 82 (7) 3.

Training

s. 82 (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

3. Behaviour management.

A staff member did not complete their annual training related to personal expressions (responsive behaviours) for 2025. In accordance with O. Reg 246/22 s.

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261 (2) 1, staff who provide direct care to residents must receive annual training for behaviour management under subsection 82 (7) of the act.

Sources: Training record and interview with management staff.

WRITTEN NOTIFICATION: Additional training – direct care staff

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

Non-compliance with: FLTCA, 2021, s. 82 (7) 6.

Training

s. 82 (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

6. Any other areas provided for in the regulations.

A staff member did not complete training on the home's continence care and bowel management program in 2025. In accordance with Ontario Regulation (O. Reg.) 246/22 s. 261 (1) 3. and s. 261 (2) 1., retraining on the home's continence care and bowel management program was to be provided to all direct care staff on an annual basis.

Sources: Staff continence program retraining records and interview with management. **WRITTEN NOTIFICATION: Doors in a home**

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following

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rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

On a specific date in February 2026, the door to a soiled utility room was observed to be propped open and not locked. For 15 minutes, the door was kept open and staff were not available to restrict unsupervised access.

Sources: Observations on a home area, interview with direct care staff.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (1) 5.

Continence care and bowel management

s. 56 (1) The continence care and bowel management program must, at a minimum, provide for the following:

5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making purchasing decisions, including when vendor contracts are negotiated or renegotiated.

An annual evaluation of residents' satisfaction with the range of continence care products, conducted in consultation with residents, substitute decision-makers and direct care staff, was not completed in 2025. As a result, these insights were not available to inform purchasing decisions for continence supplies.

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Sources: Continence care product surveys (2025), annual continence care program evaluation, interview with nursing management.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Responsive behaviours

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

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

Inspector observed a resident wandering their home area unit without their specified intervention. The resident's care plan indicated the intervention was to be in place for responsive behaviour management.

Sources: Resident's clinical records, observation and interviews with staff.

WRITTEN NOTIFICATION: Housekeeping

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (ii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's

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specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

A resident had a medical device in place and staff were directed to change it daily. On multiple dates, strong urine odours were identified. Staff acknowledged they had not been following the directions required, to minimize the lingering offensive odours.

Sources: Resident room observations, resident's clinical record, policy, interviews with management and direct care staff.

WRITTEN NOTIFICATION: Housekeeping

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

On a specific date in February, 2026, five bottles of expired outbreak disinfectant

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were observed in a housekeeping supply room.

Sources: A housekeeping supply room observation, disinfectant label review, interviews with management and housekeeping staff.