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 West District
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Public Report

Report Issue Date: December 2, 2025

Inspection Number: 2025-1274-0007

Inspection Type:
Critical Incident

Licensee: Schlegel Villages Inc.

Long Term Care Home and City: The Village of Winston Park, Kitchener

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 19-21, 24-27 and December 1-2, 2025
The inspection occurred offsite on the following date(s): November 27, 2025

The following intake(s) were inspected:
-Intakes #00159171, #00159196, #00160113, #00162462 - Falls Prevention and Management
-Intake: #00160140 - Infection Prevention and Control

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

Infection Prevention and Control
Safe and Secure Home
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. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following 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.

The door to the Nursing and Program for Active Living (PAL) Team Office was left open and unlocked on two separate occasions. The door leads to a non-residential space equipped with personal health information. This door should be kept closed and locked at all times to prevent access by residents in the home.

Upon communicating this concern to the home, the door to the Nursing and PAL Team Office remained closed and locked for the duration of the inspection.

Sources: Observations, interviews with staff.

Date Remedy Implemented: November 27, 2025

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

A resident was at high risk of falls and had a history of falling frequently. The resident required interventions to ensure their safety.

When the residents interventions were not implemented as required, they had a fall with an injury.

Sources: resident clinical documentation, interviews with staff.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

A resident presented with symptoms of an infection and they were not immediately placed on additional isolation precautions.

Sources: resident clinical records, the home's Line List, Surveillance Policy (Tab 01-02), interviews with staff.