

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto District

5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: July 24, 2025

Inspection Number: 2025-1440-0005

Inspection Type:
Complaint

Licensee: Schlegel Villages Inc.

Long Term Care Home and City: The Village of Humber Heights, Etobicoke

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 25, 2025, and July 2-4, 7, 8, 10, 11, 14-18, and 22, 24 2025.

The inspection occurred offsite on the following date(s): July 14, 2025.

The following complaint intake(s) were inspected:

- Intake: #00145029, and Intake: #00150557 related to skin and wound care; nutrition and hydration; and personal care.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints

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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 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that a resident's specific body part was assessed.

The resident had a change in their condition to a specific body part. Their Substitute Decision Maker (SDM) reported the issue to the home. A Neighborhood Coordinator (NC) noted that staff implemented an interventions for this suggested by the SDM, however, staff did not assess the resident's specific body part related to potential risk.

The Director of Nursing Care (DNC) acknowledged that an assessment should have been completed.

Sources: Progress notes, care plan, photographs of the resident's specific body part, and interviews with NC and the DNC.

WRITTEN NOTIFICATION: Reporting and Complaints

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

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(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure that written complaints regarding the care of a resident were immediately forwarded to the Director.

The home did not forward three written complaints related to a resident's care to the Director.

The DNC acknowledged that the complaints were not immediately forwarded to the Director.

Sources: Written complaints, and interview with DNC.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee has failed to ensure that an Agency Registered Practical Nurse (RPN)

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participated in the implementation of the Infection Prevention and Control Program (IPAC).

The home's Personal Protective Equipment (PPE) and Hand Hygiene policies directed staff to wear gloves before coming into contact with potentially infectious material and to perform hand hygiene to prevent the spread of infection within the home.

An agency RPN picked up a piece of white paper from a resident's garbage bin and applied it to their body part without changing their gloves in between tasks.

Sources: Review of video footage, policy (#06-13); Hand hygiene; reviewed October 1, 2024, policy (#02-03); PPE; reviewed February 12, 2025, and interview with Assistant Director of Nursing Care (ADNC).

WRITTEN NOTIFICATION: Reporting and Complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (2) (c)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

The licensee has failed to ensure that resident #001's investigation records related to SDM's written complaint emails were available at the home.

SDM sent two written complaints to the home concerning a resident's care and allegation of staff being rough during the resident's care.

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The DNC acknowledged that they could not locate the investigation records for the above mentioned complaints.

Sources: Written complaints, and interview with DNC.