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

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

Public Report

Report Issue Date: September 22, 2025
Inspection Number: 2025-1440-0008
Inspection Type:
Complaint
Critical Incident
Follow up

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 dates: September 11-12, 15-19, 22, 2025
The inspection occurred offsite on the following date: September 18, 2025

The following intake was inspected in this Follow Up inspection:
Intake: #00152983 – Follow-up – Compliance Order (CO) #001 from inspection report 2025-1440-0006 related to Cooling requirements

The following intake was inspected in this Complaint inspection:
Intake: #00151357 - related to a resident to resident physical altercation

The following intakes were inspected in this Critical Incident (CI) inspection:
Intake: #00151308 - [CI: #2957-000020-25] - related to alleged resident to resident physical abuse
Intake: #00152960 - [CI: #2957-000027- 25] and Intake: #00156366 - [CI: #2957-000033-25] - related to infectious disease outbreaks
Intake: #00154439 - [CI: #2957-000028-25] - related to improper transfer with injury

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1440-0006 related to O. Reg. 246/22, s. 23 (4)

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

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
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 has failed to ensure that a Personal Support Worker (PSW) and Registered Practical Nurse (RPN) collaborated with each other at the time of a resident's fall, so assessments were integrated and were consistent.

The PSW did not inform the RPN of the resident's fall at the time of the incident, which led to no assessment being completed by registered staff, until the following day.

Sources: Progress Notes, Home's Investigation Notes, and Interviews with PSW, and RPNs.

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that a PSW used safe transferring techniques when assisting a resident after they sustained a fall. After a resident sustains a fall, the home's policy, "Falls Prevention & Management Program", directs staff to report to the registered staff to conduct an assessment prior to moving the resident. A PSW did not notify the registered staff of the resident's fall and transferred the resident by themselves.

Sources: Home's Investigation Notes, Home's Policy titled [04-33] "Falls Prevention & Management Program" [August 8, 2024] and Interview with PSW.

WRITTEN NOTIFICATION: Pain Management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The licensee has failed to ensure that two RPNs monitored a resident's responses to the effectiveness of pain management strategies.

The resident's plan of care directed staff to monitor the effectiveness of pain medication and notify the physician if pain was unrelieved. Two RPNs both assessed the resident to have a pain on two separate dates, and did not conduct a follow up assessment on the resident's pain level after administering pain medication.

Sources: Resident's care plan, progress notes, medication administration record (MAR), and pain assessments; and interviews with RPNs.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that the Behavioural Supports Ontario - Dementia Observation System (BSO-DOS) observation monitoring tool, an intervention initiated for a resident, was documented by staff. There were missing entries for the resident during the identified observation periods.

Sources: BSO-DOS monitoring tool; and interview with Assistant Director of Nursing (ADON).

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.

The IPAC Standard for Long-Term Care Homes revised September 2023, s. 9.1 (f) states the licensee shall ensure that additional precautions are followed in the IPAC program, specifically proper use of personal protective equipment (PPE), including appropriate selection application, removal, and disposal.

A resident was on droplet and contact precautions, and the signage on the door instructed staff to don a gown, mask or N95 respirator, eye protection, and gloves before entering the room. An RPN and Nurse Clinician were observed in the resident's room without eye protection in close proximity to the resident.

Sources: Inspector's Observations; interview with RPN and Nurse Clinician.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that symptoms indicating the presence of infection for a resident were monitored and recorded.

Sources: Resident's clinical records; and interview with IPAC Lead.

COMPLIANCE ORDER CO #001 CMOH and MOH

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
A) Provide re-education to the Director of Environmental Services (DES), Housekeeper, and three PSWs on the home's policy related to universal masking during an outbreak and how to don a mask properly.
B) Keep a documented record of the education provided, including who provided the education, and the date the staff were educated.

Grounds

The licensee has failed to ensure that recommendations issued by the Chief Medical Officer of Health, or a medical officer of health appointed under the Health Protection and Promotion Act were followed in the home.

In accordance with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (February 2025), Section 4.1 Infection Prevention and Control (IPAC) Measures that recommended by the Public Health Unit (PHU) regarding Universal masking in outbreak areas for respiratory outbreaks.

A resident home area was declared in COVID-19 outbreak by Toronto Public Health (TPH), and implemented universal masking in the outbreak area. The IPAC Lead indicated that staff were required to wear mask at all times while on the outbreak unit. Two PSW were observed on the outbreak unit without their masks properly covering their nose, mouth, and chin. At another time, a PSW, Housekeeper, DES, and a visitor were also observed without masks when they were on the outbreak unit.

When staff were not wearing masks on the outbreak unit, it can lead to further spread of infection, affecting more residents and staff.

Sources: Inspector's Observations; Respiratory Outbreak Management Checklist by TPH; interviews with DES and IPAC lead.

This order must be complied with by November 28, 2025

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.