

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: December 11, 2025

Inspection Number: 2025-1440-0009

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 date(s): December 1 to 4, 8, 10, 11, 2025

The inspection occurred offsite on the following date(s): December 3, 5, 8, 9, 11, 2025

The following intake(s) were inspected in this Critical Incident (CI) Inspection:

- CI: 2957-000036-25/Intake: #00160354 - which was related to an outbreak;
- CI: 2957-000038-25/Intake: #00162340, CI: 2957-000039-25/Intake: #00162717, and CI: 2957-000043-25/Intake: #00164154 which were related to losses of essential service.

The following intakes were inspected in this complaint inspection:

- Complaint intake related to resident care;
- Complaint intake related to resident care and air temperatures.

The following intake was inspected in this Follow-Up Inspection:

- Follow up intake related to Chief Medical Officer of Health (CMOH) and Medical Officer of Health (MOH)

Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1440-0008 related to O. Reg. 246/22, s. 272

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

Infection Prevention and Control
Safe and Secure Home
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Responsive Behaviours

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (2) (a)

Responsive behaviours

s. 58 (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,

(a) integrated into the care that is provided to all residents;

A resident presented with responsive behaviours and had been triggered by a co-resident's responsive behaviours several times. Both residents had interventions in their written plan of care related to responsive behaviours. The interventions were not implemented by staff.

Sources: Observations, review of home's policy Personal Expressions Understanding and Reporting, and Personal Expression Program, clinical records of resident's, and interviews with staff.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #002 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

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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).

A staff member did not implement proper use of personal protective equipment (PPE) when providing care to a resident requiring additional precautions.

A staff member was observed in a residents room, which was on additional precautions. The staff member was wearing gloves, and no gown. The staff member then exited the room and entered another resident's room without removing their gloves.

Sources: Inspector observations; PPE policy review; Interview with staff; Infection Prevention and Control (IPAC) Standard for Long-Term Care Home (April 2022, revised September 2023).

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 (7) 11.

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

Staff were required to participate in the implementation of the four moments of hand hygiene program, including adherence to routine practices.

A staff member was observed exiting a residents room, which was on additional precautions, without removing their gloves or performing hand hygiene. They proceeded to enter another resident room without removing their gloves or performing hand hygiene. These actions were not consistent with the home's hand hygiene policy.

Sources: Inspector observation, Infection Prevention and Control- Sanitization/Risk

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Management-Hand Hygiene policy), IPAC Program documents (Program Description, 2025 Program Evaluation), Interviews with staff.

COMPLIANCE ORDER CO #001 Air Temperature

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 24 (1) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

- Develop and implement a plan to ensure that temperatures are maintained at a minimum of 22 degrees Celsius in the home.
- This plan should include actions to be taken when temperatures drop below 22 degrees Celsius in the home.
- Keep a written record of the plan for monitoring, actions taken to address temperatures below 22 degrees Celsius, individuals responsible for any part of the plan, and any other actions taken in response to developing and implementing the plan.

Grounds

a) On a specified day, the air temperature was recorded at 68 degrees Fahrenheit (20 degrees Celsius) by the wall mounted thermostat in the parlour room of a home area. The home was required to maintain the air temperature at a minimum of 22 degrees Celsius.

Sources: Observation; interviews with staff.

b) Temperatures in the home were below 22 degrees Celsius in multiple areas of the home, on multiple occasions. Specifically, on a specified day, temperatures were below 22 degrees Celsius in four resident areas in different parts of the home, at different times of the day.

Staff identified that the home was aware of the low temperature in one of the dining

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rooms on a specific day, after breakfast, however staff still brought residents into the dining room at lunch despite the temperatures in the room being below 22 degrees Celsius at that time. The home's emergency plan for loss of essential services – loss of natural gas, indicated that if room temperature falls below 72 degrees Fahrenheit (22 degrees Celsius), that residents will be moved to warm areas as needed.

There was increased risk to residents wellbeing when they had lunch in the dining room which had a room temperature below 22 degrees Celsius, as did multiple areas in the home.

This order must be complied with by January 15, 2026

COMPLIANCE ORDER CO #002 Air temperature

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 24 (3) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

- Develop and implement a plan for ensuring that temperatures are being measured and checked at the required time frames as referenced in O. Reg. 246/22, s. 24 (3), and that the applicable home staff are made aware of these recorded temperatures.
- Keep a written record of the actions taken to rectify the issue, individuals responsible for any part of the plan, and any other actions taken in response to developing and implementing the plan.

Grounds

Interviews with staff revealed temperatures were routinely checked by the home once daily. During interviews with staff, it was confirmed that there was currently no process in the home for checking temperatures at the required time frames as identified in the legislation.

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There was risk to residents when temperatures were not being monitored, as temperatures fell below 22 degrees Celsius on multiple occasions in multiple areas in the home.

Sources: Air Temperature Records; Email from staff; Interviews with staff.

This order must be complied with by January 15, 2026

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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

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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
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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.