

**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:** February 6, 2026

**Inspection Number:** 2026-1440-0001

**Inspection Type:**

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): January 29, 30, 2026 and February 2-6, 2026

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

- Intake: #00164076/ CI #2957-000041-25/2957-000042-25 – related to alleged improper care
- Intake: #00164327/ CI #2957-000044-25 – related to alleged neglect of continence care
- Intake: #00164483/ CI #2957-000045-25 – related to the unexpected death of a resident

The following Follow-up intake(s) were inspected:

- Intake: #00164941 and #00164942 - Follow-up on Compliance orders (CO) related to Air temperatures

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1440-0009 related to O. Reg. 246/22, s. 24 (1)

Order #002 from Inspection #2025-1440-0009 related to O. Reg. 246/22, s. 24 (3)

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

Resident Care and Support Services  
Continence Care

Safe and Secure Home

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Reporting certain matters to Director

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

**Non-compliance with: FLTCA, 2021, s. 28 (1) 1.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

On an identified date, a Registered Practical Nurse (RPN) observed that a resident did not receive the required care. This incident was not reported to the Director immediately.

**Sources:** The resident's clinical records, the home's investigation notes, and interviews with the RPN and Assistant Director of Nursing Care (ADNC).

### WRITTEN NOTIFICATION: Continence care and bowel management

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

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)**

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

A resident did not have an individualized plan of care to promote and manage bowel and bladder continence based on their assessment. The resident's plan of care did not

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specify the frequency of a care intervention.

**Sources:** Resident's clinical records, the home's investigation notes, and an interview with the DOC.

### **WRITTEN NOTIFICATION: Continence care and bowel management**

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

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)**

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

Sufficient continence product changes were not provided to a resident so that they were clean, dry and comfortable on two identified dates.

**Sources:** Resident's clinical records, the home's investigation notes, and interviews with the RPN and ADNC.