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

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Public Report

Report Issue Date: March 30, 2026
Inspection Number: 2026-1440-0002
Inspection Type: Proactive Compliance Inspection
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): March 12-13, 16-20, 23-27, 30, 2026

The following intake(s) were inspected:
-Intake: #00172703- Proactive Compliance Inspection.

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain 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

A resident reported an identified skin impairment that occurred during care. A Personal Support Worker (PSW) did not notify a nurse when the skin impairment was first observed.

Sources: Resident's health records, resident observation, interviews with the resident, the PSW, and Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

During a dining observation, a resident was not offered specific dietary interventions as specified in their plan of care.

Sources: Resident's clinical records, observation, and interview with the home's Registered Dietician.

WRITTEN NOTIFICATION: Air Temperature

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

Temperature log records for a specified home area confirmed that a room was not being maintained at a minimum air temperature of 22 degrees Celsius (°C) on four identified dates in 2026.

Sources: Temperature logs, and interview with the Assistant Director of Environmental Services.

WRITTEN NOTIFICATION: General Requirements

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.
General requirements
s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The home's policy directed Personal Care Attendant's (PCA) responsible for the resident's personal care required to complete the Point of Care Documentation (POC). In addition, any other care provided by a PCA who is not part of the assigned group should be documented by the person who provided the care.

A resident reported an identified skin impairment during care provided by a staff member. The POC records indicated that the care on the specified shifts was documented by a different staff member than the one who provided it.

Sources: Resident's clinical records, observation, the home's policy, and staff interviews.

WRITTEN NOTIFICATION: General Requirements for Programs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.
General requirements
s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The home's written record of the annual program evaluation of its skin and wound program for a specified year did not include a summary of the changes made, and the dates when those changes were implemented.

Sources: The home's annual evaluation of skin and wound program, and interviews with a Registered Nurse and Director of Care (DOC).

WRITTEN NOTIFICATION: Continence Care and Bowel Management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

A resident reported that they did not receive the specified continence care on an identified date.

Sources: Resident's clinical records, the home's policy, interviews with the resident, a PSW, and ADOC.

WRITTEN NOTIFICATION: Housekeeping

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

A staff member did not follow the home's procedure to clean and disinfect a resident device with the specified cleaning agent before and after use.

Sources: Review of the home's policy, observations, and interviews with two PSWs, and Infection Prevention and Control (IPAC) Lead.

WRITTEN NOTIFICATION: Medication Incidents and Adverse Drug Reactions

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 147 (3) (c)
Medication incidents and adverse drug reactions
s. 147 (3) Every licensee shall ensure that,
(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 66/23, s. 30.

The home's quarterly Continuous Quality Improvement (CQI) committee minutes on a specified date, did not indicate documentation of any analysis, changes, or improvement identified or implemented to reduce or prevent medication incidents.

Sources: The home's quarterly CQI meeting minutes, and an interview with the DOC.

WRITTEN NOTIFICATION: Drug Destruction and Disposal

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 148 (3) (b) (ii)
Drug destruction and disposal
s. 148 (3) The drugs must be destroyed by a team acting together and composed of,
(b) in every other case,
(ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 246/22, s. 148 (3); O. Reg. 66/23, s. 31.

A registered staff stated that non-controlled medications were destroyed by a single nurse with no documentation or record maintained.

Sources: Interviews with the staff and DOC, and review of the home's policies and procedures manual.