

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## Public Report

**Report Issue Date:** June 25, 2025

**Inspection Number:** 2025-1461-0003

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Schlegel Villages Inc.

**Long Term Care Home and City:** The Village of Glendale Crossing, London

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 3-6, 9-13, 16-17, 19-20, and 23, 2025.

The following intake(s) were inspected:

- Intake: #00146246 - Critical Incident (CI) #2979-000024-25 related to resident to resident abuse
- Intake: #00147815 - CI #2979-000031-25 related to a resident fall with injury
- Intake: #00147845 - CI #2979-000032 related to a resident fall with injury
- Intake: #00149067 - CI #2979-000035-25 - related to improper care of a resident resulting in injuries
- Intake: #00147941 - complaint related to Personal Support Worker (PSW) medication administration

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

Resident Care and Support Services  
Skin and Wound Prevention and Management

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Medication Management  
Safe and Secure Home  
Responsive Behaviours  
Prevention of Abuse and Neglect  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Doors in a home

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
  - i. kept closed and locked,

The licensee has failed to ensure a door leading to a stairwell was kept locked. During an onsite inspection, a door to a stairwell was found to be unlocked with the key pad to the door access control system disengaged.

**Sources:** observations of a door to a stairwell, and interviews with staff.

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## WRITTEN NOTIFICATION: Doors in a home

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. ii.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
  - ii. equipped with a door access control system that is kept on at all times,

The licensee has failed to ensure a door leading to a stairwell was equipped with a door access control system that was kept on at all times. During an onsite inspection, a door to a stairwell was found to be unlocked with the key pad to the door access control system disengaged.

**Sources:** observations of a door to a stairwell, and interviews with staff.

## WRITTEN NOTIFICATION: Skin and Wound Care

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)**

Skin and wound care

- s. 55 (2) Every licensee of a long-term care home shall ensure that,
- (a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)
  - (ii) upon any return of the resident from hospital

The licensee has failed to ensure a resident received a skin assessment by a

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member of the registered nursing staff when required.

**Sources:** record review of the resident's health records, and interviews with staff.

## **WRITTEN NOTIFICATION: Administration of drugs**

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

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

The licensee has failed to ensure a resident received a drug in accordance with the directions for use specified by the prescriber.

**Sources:** review of the resident's health care records, and interviews with staff.

## **COMPLIANCE ORDER CO #001 Home to be safe, secure environment**

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

**Non-compliance with: FLTCA, 2021, s. 5**

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

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- A) Develop and implement a documented process to 1) monitor and assess a resident's compliance with the home's smoking policy, and 2) ensure staff are complying with the resident's plan of care related to smoking safety.
- B) Develop and implement a documented process to assess a second resident's compliance with the home's smoking policy.
- C) Retrain all nursing staff on a resident's smoking plan of care. Keep a written record of this training in the home until this order is complied.
- D) Update the home's smoking policy to include 1) specific actions the home will take if a resident does not comply with the home's policy, and 2) specific grounds for when a resident's ability to smoke independently can be reassessed.
- E) Retrain specific staff on the updates to the home's policy in Section D of this order. Keep a written record of this training in the home until this order is complied.

**Grounds**

The licensee has failed to ensure the home provided a safe environment for its residents when a resident repeatedly did not smoke safely.

A resident was smoking unsafely which caused a safety concern to themselves and potentially other residents.

The resident had previously been assessed as unsafe to smoke due to their history of unsafe smoking. Despite this, the resident continued to smoke unsafely on multiple occasions.

To mitigate the resident from smoking unsafely, the home created a plan of care with a specific intervention. Staff failed to follow this specific intervention, which led the resident to smoke unsafely and ultimately caused the safety concern.

The home's smoking policy required residents to be assessed as safe to smoke independently and to comply with the home's smoking policy. Multiple staff from

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the home's management team agreed that the resident had been assessed as unsafe to smoke and had violated the home's smoking policy on multiple occasions. They also acknowledged that other residents had also violated the smoking policy.

The resident's unsafe smoking posed a safety concern to the resident and potentially other residents.

**Sources:** observations at the home, record review of the resident's health care records, and the home's smoking policy, and interviews with the resident and other staff.

**This order must be complied with by** July 25, 2025

**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

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**Compliance History:**

Compliance Order issued to FLTCA, s. 5 on September 4, 2024, during inspection #2024-1461-0003

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)



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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, 9<sup>th</sup> Floor

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).