

**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:** October 15, 2025

**Inspection Number:** 2025-1461-0005

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**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): September 23, 24, 26, 2025 and October 1, 2, 15, 2025  
The inspection occurred offsite on the following date(s): October 3, 2025  
The following intake(s) were inspected:
- Intake: #00154907 - Critical Incident #2979-000054-25 A written complaint related to care concerns
- Intake: #00156205 - Follow-up to Compliance Order #001 issued in inspection #2025-1461-0004, related to reporting certain matters to the Director, with a compliance due date of September 19, 2025
- Intake: #00156804 - A complaint related to care concerns
- Intake: #00157542 - A complaint letter to the Minister of Long-Term Care related to care concerns
- Intake: #00157897 - A complaint related to care concerns

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## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1461-0004 related to FLTCA, 2021, s. 28 (1) 1.

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

- Contenance Care
- Skin and Wound Prevention and Management
- Prevention of Abuse and Neglect
- Reporting and Complaints

## 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) 2.**

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:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a person who had reasonable grounds to suspect that abuse of a resident that resulted in a risk of harm had or may have

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occurred, immediately reported the suspicion and the information upon which it was based to the Director.

There were two incidents involving two residents that the home did not report to the Director. At the time of the incidents, the home was not aware of the extent of the situation until further investigation and assessments were completed over the course of weeks. Based on the fact that the home did not have sufficient information at the time to make an accurate determination, they had a duty to report to the Director.

**Sources:** Observations of two residents, health records for two residents, a critical incident report, the long-term care homes reporting website, and interviews with residents and staff.

## **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) (a)**

Continence care and bowel management

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

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

The licensee has failed to ensure that a resident who was incontinent, received an

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assessment that included identification of causal factors, patterns, types of incontinence and potential to restore function with specific interventions.

A resident who was incontinent, had their incontinence product changed due to an increase in incontinence didn't have an assessment completed and their plan of care was not updated based on an assessment. A staff member said that the home's policy indicated that an assessment should have been completed when the resident's level of continence changed, and then the care plan should have been updated.

**Sources:** Health records for a resident and staff interviews.

## COMPLIANCE ORDER CO #001 Plan of care

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 6 (2)**

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

**The inspector is ordering the licensee to comply with a Compliance Order**

**[FLTCA, 2021, s. 155 (1) (a)]:**

Specifically, the licensee must:

1. Hold an initial interdisciplinary care conference with the purpose to discuss and develop plans for two residents' individual needs for additional assessments and care planning. Keep a record of the meeting, the date and time, who attended, topics discussed, decisions made and who will be responsible for completing which actions.

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2. Provide an opportunity for the substitute decision maker for the first resident to participate in the development and implementation of the resident's plan of care. Keep a record of the who attended, topics discussed and decisions made.
3. Provide an opportunity for the substitute decision maker for the second resident to participate in the development and implementation of the resident's plan of care. Keep a record of the who attended, topics discussed and decisions made.
4. Update the plan of care for the first resident to include clear, individualized, and specific direction for staff that is based on assessments of the resident.
5. Update the plan of care for the second resident to include clear, individualized, and specific direction for staff that is based on assessments of the resident.
6. After Part 1 to 5 are completed hold at least one follow-up interdisciplinary care conference with all direct care staff involved in providing care to the two residents, with the purpose to review and discuss their assessments and plans of care. Keep a record of the meeting, the date and time, who attended, topics discussed, decisions made and who will be responsible for completing which actions. Provide a copy of the record of the meeting on the residents' neighbourhood for all staff who either were not able to attend the meeting or are new to the neighbourhood.

**Grounds**

The licensee has failed to ensure that the plans of care for two residents were based on assessments of the residents and the individual needs and preferences of the residents.

There were two incidents involving two residents. At the time of the incidents, the

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home was not aware of the extent of the incidents until further investigation and assessments were completed over the course of weeks. The plans of care for both residents did not include specific, individualized, clear direction for staff providing care for residents, that were based on assessments of the residents' specific needs and preferences.

The Director of Nursing Care (DONC), the Personal Expressions Response Team (PERT) Lead and a number of front line staff all had varying understanding of what the expectations were related to interventions for the two residents. Because the plans of care were not based on assessments of the needs and preferences of the residents, understanding and interventions implemented by staff were varied.

**Sources:** Observations of two residents health records for two residents, and staff interviews.

**This order must be complied with by** November 21, 2025

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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

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**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).