

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: December 15, 2025
Inspection Number: 2025-1461-0006
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): December 2, 3, 4, 5, 8, 9, 10, 11, 15, 2025

The inspection occurred offsite on the following date(s): December 10, 12, 2025

The following intake(s) were inspected:

- Intake: #00156206 - Follow-up related to Compliance Order #002 from inspection #2025-1461-0004, related to O. Reg. 246/22 s. 55 (2) (b) (iv), skin and wound care, with a compliance due date of October 17, 2025.
- Intake: #00160245 - PC-2025-0003904 - A complaint related to the operation of the home
- Intake: #00160301 - Critical Incident #2979-000068-25 related to a fall resulting in a significant change
- Intake: #00160322 - Follow-up related to Compliance Order #001 from inspection #2025-1461-0005, related to FLTCA, 2021 s. 6 (2) plan of care with a compliance due date of November 21, 2025
- Intake: #00160745 - Critical Incident #2979-000070-25 related to neglect of a resident by staff

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

- Intake: #00161312 - Critical Incident #2979-000072-25 related to a fall resulting in a significant change
- Intake: #00162167 - Critical Incident #2979-000073-25 related to resident to resident physical abuse resulting in injury

Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2025-1461-0004 related to O. Reg. 246/22, s. 55 (2) (b) (iv)

Order #001 from Inspection #2025-1461-0005 related to FLTCA, 2021, s. 6 (2)

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that

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

the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (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.

A resident had fall mats implemented; however, there was no assessment completed that identified the need for fall mats. An Assistant Director of Care (ADOC) verified a staff member did not follow the process for referral, assessment and implementation of fall mats and stated this was required for care planning.

Sources: Clinical records for a resident, Fall Prevention & Management Program [LTC] Policy, resident observations, and staff interviews.

Date Remedy Implemented: December 9, 2025

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 16.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

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

A resident's clinical records and staff interviews showed the home did not ensure that treatment orders and the plan of care were clear, accurate, consistently followed, and an effective system was not in place to meet a specific need. On a specified date, a treatment was not completed resulting in a decline in condition. Staff interviews revealed unclear responsibilities, direction and responsibility, as well as documentation errors.

Sources: Clinical records for a resident, home's policies and procedures, and staff interviews.

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The home's falls policy directed staff to complete a Scott Falls Risk assessment when a fall in the last 30 days or a fall in the past 31 to 90 days is checked off in the Resident Assessment Instrument. This did not occur for a resident when the last fall risk assessment was completed over a year ago and they had falls in the last six months.

Sources: Clinical records for a resident, the home's policy Fall Prevention & Management Program, and staff interviews,

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

WRITTEN NOTIFICATION: Dealing With Complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

A complainant sent an email to the Director of Care (DOC) and three Assistant DOCs (ADOC), related to three areas of concern. . An ADOC sent a response email two weeks later apologizing for the delay, that the team would be meeting next week to discuss further, and there would be follow up afterward. There was no documentation that the complaint was investigated and resolved where possible, the response did not include an explanation of what the licensee has done to resolve the complaint, or if the complaint was unfounded together with the reasons for the belief, and no further follow up with the complainant after the initial response.

Sources: The complaint intake, Complaints Procedure Policy, email correspondence, and staff interviews.

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

WRITTEN NOTIFICATION: Dealing With Complaints

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

A complainant sent an email to the Director of Care (DOC) and three Assistant DOCs related to three areas of concern. The home's Complaints Procedure Policy identified a documented record will be kept for all written complaints and any verbal complaints which cannot be resolved within 24 hours using the Complaint Response Form. An ADOC stated a Complaint Response Form was not completed.

Sources: The complaint intake, Complaints Procedure Policy, email correspondence, and staff interviews.