

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: February 5, 2026

Inspection Number: 2026-1461-0001

Inspection Type:

Proactive Compliance Inspection

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):

January 21, 22, 23, 26, 27, 28 and 29, 2026

February 2, 3, 4 and 5, 2026

The inspection occurred offsite on the following date(s):

January 29 and 30, 2026

The following intake(s) were inspected:

- Intake: #00166801 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Infection Prevention and Control

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

Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Palliative Care
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 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary.

The care plan was not revised in its entirety after a resident's care needs changed and other interventions were no longer necessary. The Assistant Director of Care verified the care plan was not based on an accurate assessment of the resident, the care plan was not revised and there were interventions that were no longer necessary and were not removed.

Sources: clinical record review and observations for the resident, interview with the resident and staff interviews with the Personal Support Workers, Resident Assessment Instrument Coordinator, and Assistant Director of Care.

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: Experience Survey Actions

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

Non-compliance with: FLTCA, 2021, s. 43 (3)

Resident and Family/Caregiver Experience Survey

s. 43 (3) A licensee shall make every reasonable effort to act on the results of the survey and to improve the long-term care home and the care, services, programs and goods accordingly.

The home shared the results of the Resident and Family Survey results were communicated to the Residents' and Family Councils and a list was provided of the top eight areas for improvement for 2025 for the Quality of Life focus areas. Residents' Council chose to action "I have enough variety in my meals". The other seven items were not actioned and there was no reasonable effort to act on the other quality results of the survey to improve the long-term care home and the care, services, programs and goods accordingly. The Glendale Crossing Continuous Quality Improvement Initiative Report 2025-26 identified one area actioned from the survey results. The Director of Quality & Innovation verified the home should have acted on the top three priority areas and a plan will be in place to identify the top three areas for improvement based on average responses an action plan template to be used.

Sources: review of the Glendale Crossing Continuous Quality Improvement Initiative Report 2025-26 Final, Residents' and Family Council Meeting Minutes, Glendale Crossing (GC) LTC Resident Survey 2024, GC LTC Family Survey 2024, and interviews and email correspondence with the Director of Quality & Innovation.

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: Plan of Care

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

Non-compliance with: O. Reg. 246/22, s. 29 (3) 15.

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

15. Skin condition, including altered skin integrity and foot conditions.

There was no direction for personal support workers in the plan of care related to the resident's altered skin integrity and personal care routines when caring for the resident. The home's Skin and Wound Care policy did not include direction to staff related to including interventions to reduce or relieve pain, promote healing, and prevent infection in the plan of care, for residents exhibiting altered skin integrity.

Sources: Health records for the resident, the Skin and Wound Care Policy and interview with Assistant Director of Care.

WRITTEN NOTIFICATION: Bathing

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

Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

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 resident's had a preferred choice for method of bathing and it was documented as part of their clinical record. The resident has not received their preferred bathing choice. The Director of Care (DOC) and Assistant DOC verified there was no medical contraindication preventing the resident from receiving their preferred choice.

Sources: clinical record review for the resident, interview with the resident, and staff interviews with a Personal Support Worker, Neighbourhood Coordinator, DOC and Assistant DOC.

WRITTEN NOTIFICATION: Palliative Care

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

Non-compliance with: O. Reg. 246/22, s. 61 (1)

Palliative care

s. 61 (1) Every licensee of a long-term care home shall ensure that a resident's palliative care needs are met in accordance with this section.

A resident was deemed palliative and their needs were not met. The Director of Care (DOC) verified care needs should have been met to ensure their comfort.

Sources: Observations of the resident, health records for the resident and interviews with the resident, Personal Support Worker, Social Worker, Director of Care and Assistant Director of Care.

WRITTEN NOTIFICATION: Palliative Care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 61 (2)

Palliative care

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

s. 61 (2) The licensee shall ensure that the interdisciplinary assessment of the resident's palliative care needs for their plan of care considers the resident's physical, emotional, psychological, social, cultural, and spiritual needs.

The resident was not reassessed when their condition declined at end of life, and their care plan was not updated to include their increased palliative care needs. The Director of Care (DOC) and Assistant DOC said that the resident should have been reassessed when their condition changed, and the plan of care updated to provide direction to staff to meet the resident's specific palliative care needs at their end of life.

Sources: Observations of the resident, health records for the resident and interviews with the resident Personal Support Worker, Director of Care and Assistant Directors of Care.