

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 1, 2025

Inspection Number: 2025-1474-0006

Inspection Type:

Complaint
Follow up

Licensee: Schlegel Villages Inc.

Long Term Care Home and City: The Village at St. Clair, Windsor

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: September 23 - 26, 29, 2025, and October 1, 2025

The following intakes were inspected:

- Intake: #00142344: Follow-up #: 1, CO #001 from INSP #2025-1474-0002 relating to FLTCA, 2021 - s. 24 (1) Duty to Protect. Compliance due date August 7, 2025.
- Intake: #00155096 – anonymous complaint regarding resident care, assessments and falls prevention and management.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1474-0002 related to FLTCA, 2021, s. 24 (1)

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

Food, Nutrition and Hydration
Staffing, Training and Care Standards
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 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 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee failed to ensure the care plan provided clear direction to staff for the level of assistance to provide a resident for eating. The care plan indicated one level of required assistance for eating, several staff interviewed indicated various levels of assistance for the resident during meal service.

A review of the care plan by the inspector showed an updated support action for eating that indicated clarified direction to staff for assistance required during the meal service.

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Sources: Interviews with staff, observations and care plan.

Date Remedy Implemented: September 29, 2025

WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee failed to comply with the home's falls prevention and management program when a residents Head Injury Routine (HIR) was not completed in entirety following an unwitnessed fall.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed are complied with.

As per the home's Head Injury Routine - LTC policy, a resident was required to have a head injury assessment at set intervals post fall unless other physician orders were received. On two separate occasions staff documented that the resident was sleeping. Staff confirmed the expectation would be for staff to wake the resident to ensure they were safe and complete the head injury routine.

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Sources: Head Injury Routine - LTC policy, resident incomplete assessment and an interview with staff.



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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