

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 8, 2025

Inspection Number: 2025-1474-0008

Inspection Type:

Complaint
Critical Incident

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: December 1 - 5, and 8, 2025

The following intakes were inspected:

- Intake: #00161552/Critical incident (CI) #3046-000104-25 - related to alleged abuse of a resident
- Intake: #00162346/CI# 3046-000107-25 - related to alleged improper care of a resident
- Intake: #00162439 - complaint related to resident care
- Intake: #00163131/CI #3046-000110-25 - related to alleged improper care of a resident
- Intake: #00163510/CI #3046-000113-25 - related to responsive behaviours

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

Contenance Care
Resident Care and Support Services

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Food, Nutrition and Hydration
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

A staff received an allegation of abuse towards a resident. The staff who received the allegation did not report it to the registered staff/charge nurse as required by the home's Prevention of Abuse and Neglect Policy and the home did not immediately take action in response to the allegation. In an interview with staff it was stated that the incident should have been immediately reported and investigated. Staff confirmed that formal education was not provided to the staff that did not report to the registered staff/charge nurse.

Sources: Prevention of Abuse and Neglect Policy, Clinical Alert Report, Critical Incident Report, and interviews with staff.

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WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (4) (a)

Menu planning

s. 77 (4) The licensee shall ensure that each resident is offered a minimum of,
(a) three meals daily;

A resident was documented to refuse the same meal 45 times over two months. Staff indicated the resident did not refuse but slept through the meal service, and that a plate was saved and offered sometimes, other times the meal would not be saved and offered. There was no clear direction in the resident's plan of care and the dietitian confirmed the resident should have been offered a meal when they woke.

Sources: Resident documentation survey report, care plan, and staff interviews.

WRITTEN NOTIFICATION: Administration of Drugs

NC #003 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. O. Reg. 246/22, s. 140 (2).

A resident's medication was ordered to be held. The resident was administered the medication the day after the order was put on hold. Staff confirmed the medication

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should not have been administered.

Sources: Medication Administration Record, clinical assessments, physician order,
and interviews with staff.