

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 4, 2026

Inspection Number: 2025-1474-0010

Inspection Type:
Proactive Compliance Inspection

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 date(s): January 6-9, 12-16, 19 and 20, 2026.

The following intake(s) were inspected:

- Intake: #00166160 - Proactive Compliance Inspection

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents' and Family Councils
- Food, Nutrition and Hydration
- Medication Management
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Residents' Rights and Choices
- Pain Management

INSPECTION RESULTS

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

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: O. Reg. 246/22, s. 93 (2) (b) (i)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for, (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

On January 6, 2026 a tour of the home was conducted and the inspector observed resident care equipment in all home areas to be unclean on the base of the equipment.

On January 16, 2026, another observation was completed and the inspector noted that all resident care equipment in the home was cleaned.

Sources: Observation; Equipment cleaning policy for mechanical Lifts, spas, and tub shower chairs; and staff interview.

Date Remedy Implemented: January 16, 2026

WRITTEN NOTIFICATION: Powers of Residents' Council

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

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 home did not respond in writing within 10 days of receiving advice from Residents' Council regarding concerns.

Source: resident council meeting binder, interviews with a resident and a staff member.

WRITTEN NOTIFICATION: Powers of Family Council

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The home did not respond in writing within 10 days of receiving advice from Family Council regarding concerns.

Source: family council meeting binder, and interviews with a staff and family member of a resident.

WRITTEN NOTIFICATION: Policies and Records

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

Non-compliance with: O. Reg. 246/22, s. 148 (2) 2.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

The home did not comply with their policy for the storage of medication awaiting destruction, as included in the home's medication management system.

In accordance with O. Reg 246/22 s. 11 (1) b, the licensee is required to ensure that written policies and protocols for drug destruction and disposal are developed for the medication management system and that they are complied with.

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

During the inspection, an inspector observed discontinued controlled substances stored in the controlled substances lock boxes together with controlled substances currently available for administration to residents within the medication carts on three home units.

The home's Medication Handling policy related to drug destruction, part of the MediSystem Policies and Procedures, required that any controlled substance that is to be destroyed and disposed of is to be stored separate from drugs available for administration to a resident, until destruction/disposal occurs.

Staff indicated discontinued controlled substances are kept in the medication cart, where controlled substances for administration are also kept, until they can be removed for destruction. They noted that staff currently require the assistance of an Assistant Director of Care for removal of these drugs from the home area, sometimes leading to a delay.

Sources: Observation of medication carts, MediSystem Medication Handling policy and interview with staff.

WRITTEN NOTIFICATION: Policies and Records

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

Non-compliance with: O. Reg. 246/22, s. 148 (3) (b)

Drug destruction and disposal

s. 148 (3) The drugs must be destroyed by a team acting together and composed of,

(b) in every other case,

(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care, and

(ii) one other staff member appointed by the Director of Nursing and Personal Care. O. Reg. 246/22, s. 148 (3); O. Reg. 66/23, s. 31.

The home did not comply with their policy for the destruction of medication, as included in the home's medication management system.

In accordance with O. Reg 246/22 s. 11 (1) b, the licensee is required to ensure that written policies and protocols for drug destruction and disposal are developed for the medication management system and that they are complied with.

Staff did not comply with the Medication Handling policy related to drug destruction, part of the MediSystem Policies and Procedures, which required all non-narcotic drugs to be destroyed by a team acting together.

Sources: Interviews with staff and review of the homes Medication Handling policy related to drug destruction.



Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775