

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: February 25, 2025

Inspection Number: 2025-1476-0001

Inspection Type:

Complaint
Critical Incident
Follow up

Licensee: Schlegel Villages Inc.

Long Term Care Home and City: The Village at University Gates, Waterloo

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 28-31, 2025 and February 3, 5-7, 11-14, 2025.

The following intake(s) were inspected:

- Intake: #00132610, Intake: #00134313, Intake: #00136266 -allegation of resident abuse
- Intake: #00133696, Intake: #00137785 - complaint and response related to improper care of a resident and abuse of a resident
- Intake: #00134494 - Follow-up #: 1 - FLTCA, 2021 - s. 24 (1) duty to protect, CDD January 20, 2025
- Intake: #00134495 - Follow-up #: 2 - FLTCA, 2021 - s. 28 (1) 2 Reporting certain matters to Director, CDD January 20, 2025
- Intake: #00134496 - Follow-up #: 3 - FLTCA, 2021 - s. 25 (1) Policy to promote zero tolerance, CDD January 20, 2025
- Intake: #00134619 - disease outbreak
- Intake: #00137779 - complaint related to allegation of resident neglect
- Intake: #00138024 - complaint related to bed refusal for admission

Ministry of Long-Term Care

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Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1476-0007 related to FLTCA, 2021, s. 24 (1)

Order #003 from Inspection #2024-1476-0007 related to FLTCA, 2021, s. 28 (1) 2.

Order #002 from Inspection #2024-1476-0007 related to FLTCA, 2021, s. 25 (1)

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

- Contenance Care
- Housekeeping, Laundry and Maintenance Services
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Reporting and Complaints
- Admission, Absences and Discharge

INSPECTION RESULTS

WRITTEN NOTIFICATION: Complaints procedure - licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the

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format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee failed to ensure that a written complaint received concerning the care of a resident was forwarded to the Director immediately

Sources: Critical Incident report, email communications with staff, home's investigative notes, Complaints Procedure policy (Tab 11-21), interviews with staff.

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

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

Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (i)

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(i) abuse of a resident by anyone,

The licensee failed to ensure that a concern brought forward regarding alleged or suspected abuse of a resident was immediately investigated.

Sources: Critical Incident report, email communications, home's investigative notes, Complaints Procedure policy (Tab 11-21), interviews with staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Ministry of Long-Term Care

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

Central West District

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Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a complaint made by a resident related to an allegation of improper care was immediately reported to the Director.

Source: Critical incident report, complaint letter, complaint email, interview with staff

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

The licensee failed to ensure that a resident was assisted with their care needs for a period of time.

Sources: resident clinical record, observation of a resident and interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

Ministry of Long-Term Care

Long-Term Care Operations Division
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Central West District

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

Non-compliance with: O. Reg. 246/22, s. 58 (2) (a)

Responsive behaviours

s. 58 (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,

(a) integrated into the care that is provided to all residents;

The licensee failed to integrate, interventions and strategies identified for a resident related to responsive behaviour.

Sources: resident clinical records, observation of a resident and interviews with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that they implemented any standard or protocol issued by the Director with respect to infection prevention and control.

In accordance with Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, Revised September 2023, specifically section 7.3 (b). The licensee did not ensure that the IPAC Lead planned, implemented, and tracked that audits were performed at least quarterly to ensure that all staff can perform the IPAC skills required of their role.

Ministry of Long-Term Care

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

Central West District

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Sources: Interview with staff and IPAC audits

WRITTEN NOTIFICATION: Medication management system

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to ensure that written policies and protocols related to the home's medication management system was followed when they did not follow the home's new medication orders policy, revised June, 2023.

Source: medication incident report, prescriber order form, allergy on PCC, new medication orders policy No. 4.2, interview with staff

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (2) (a)

Medication incidents and adverse drug reactions

s. 147 (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,

(a) all medication incidents, incidents of severe hypoglycemia, incidents of unresponsive hypoglycemia, adverse drug reactions and every use of glucagon are documented, reviewed and analyzed;

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The licensee has failed to ensure that a medication incident involving a resident was documented, reviewed, and analyzed.

Source: MAR, medication incident report, medication incident reporting policy (No. 9.2 reviewed date June 30, 2023), interview with staff.

COMPLIANCE ORDER CO #001 Authorization for admission to a home

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 51 (9)

Authorization for admission to a home

s. 51 (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,

- (a) the ground or grounds on which the licensee is withholding approval;
- (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;
- (c) an explanation of how the supporting facts justify the decision to withhold approval; and
- (d) contact information for the Director.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

For the licensee noncompliance with s. 51 (a) (b) (c). The licensee shall:

1. With respect to withholding an applicant's admission, provide the applicant and the appropriate placement coordinator with a notice that is in accordance with s. 51(9) of the FLTCA. The written notice must set out:

- A) The ground or grounds in which the licensee is withholding approval as already

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

Central West District

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indicated.

- B) A detailed explanation of the supporting facts, as they related both to the home and to the applicant's condition and requirements for care.
- C) An explanation of how the supporting facts justify the decision to withhold approval; and
- D) Contact information for the Director.

2. Keep a copy of the written notice in the home for review by an inspector, as necessary.

Grounds

The licensee failed to comply with s. 51(9)(b), (c) and (d) of the FLTCA when it provided an applicant and the appropriate placement coordinator with a written notice withholding approval of admission that did not set out: (i) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care; (ii) an explanation of how the supporting facts justify the decision to withhold approval; and (iii) the contact information for the Director.

The written notice provided only set out the ground on which the licensee was withholding approval of the applicant's admission (as required by s. 51(9)(a) of the FLTCA).

A complaint was received by the Ministry of Long-term Care related to the licensee withholding an applicant's admission to the home.

The applicant was negatively impacted by the home's bed refusal.

Sources: refusal letter to applicant, interview with staff, applicant and placement coordinator

Ministry of Long-Term Care

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

Central West District

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This order must be complied with by March 28, 2025

COMPLIANCE ORDER CO #002 Duty to protect

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 24 (1) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to: The plan must include but is not limited to:

The licensee shall prepare, submit and implement a plan to ensure staff are following the Fixing Long Term Care Act 2021 s. 24 Duty to Protect and the home's policies related to resident abuse and neglect.

1. The type of retraining involved, including who will be responsible for the retraining and when it will be completed.
2. The person(s) responsible for monitoring that the policy is being complied with, the frequency of monitoring and how it will be documented.
3. The person(s) responsible for implementing an action plan if monitoring demonstrates the policy is not complied with; and
4. Actions to address sustainability once the home has been successful in ensuring compliance with this policy.

Grounds

Ministry of Long-Term Care

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

Central West District

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The licensee failed to protect residents from abuse.

A) One resident touched another resident inappropriately.

Sources: Critical incident report, resident clinical records, home's incident report, interviews with staff.

B) One resident used physical force towards another resident causing injury.

Sources: Clinical record review of residents, home's investigative notes and staff interview

This order must be complied with by March 28, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$11000.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date

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Central West District

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the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

CO issued December 13, 2024 on inspection #2024-1476-0007 with \$5,500 AMP issued

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

**COMPLIANCE ORDER CO #003 Reporting certain matters to
Director**

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

Ministry of Long-Term Care

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

Central West District

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Telephone: (888) 432-7901

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 28 (1) 2. [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to: The plan must include but is not limited to:

The licensee shall prepare, submit and implement a plan to ensure staff are following the Fixing Long Term Care Act 2021 s. 28 Reporting certain matters to Director, and the home's policies related to reporting requirements.

1. The type of retraining involved, including who will be responsible for the retraining and when it will be completed.
2. The person(s) responsible for monitoring that the policy is being complied with, the frequency of monitoring and how it will be documented.
3. The person(s) responsible for implementing an action plan if monitoring demonstrates the policy is not complied with; and
4. Actions to address sustainability once the home has been successful in ensuring compliance with this policy.

Grounds

The licensee failed to ensure that a suspicion of physical abuse towards residents were immediately reported to the Director.

A) Staff received a written concern related to suspected abuse of a resident and did not report this concern immediately to the Director

Sources: Critical Incident report, email communications with staff, home's investigative notes, Policy: Investigation Process for Suspected Abuse or Neglect of a Resident by Team Member (Tab 04-06B), interview with staff

Ministry of Long-Term Care

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

Central West District

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B) An incident of physical abuse from one resident towards another, resulting in injury was not reported to the Director immediately.

Sources: critical incident, home's investigative notes, interview with staff.

This order must be complied with by March 28, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #002

Related to Compliance Order CO #003

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

CO issued December 13, 2024 on inspection #2024-1476-0007, no AMP issued at that time.

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

COMPLIANCE ORDER CO #004 Administration of drugs

NC #012 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. Re-educate all staff on a specific home area on the home's process related to medication.
2. Provide re-education to a specific staff on specific topics related to medication administration for residents with personal expressions and as needed medication.

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
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3. Ensure records are kept of the education provided to staff in parts above, including the contents of the education, dates completed, staff names and who conducted the education, and ensure these records are immediately available to Inspectors upon request.

Grounds

The licensee failed to ensure that drugs were administered in accordance with the prescriber's orders for residents.

A) A resident did not received medication as prescribed resulting in impact to the resident.

Sources: resident progress note, medication administration record, complaint letter, interview with resident and staff

B) A resident was not administered as needed medication as prescribed that resulted in impact to the resident.

Sources: Clinical record review, interview with staff

This order must be complied with by March 28, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICEThe Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Ministry of Long-Term Care

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

Central West District

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Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of

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

Central West District

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Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
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e-mail: MLTC.AppealsCoordinator@ontario.ca

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Long-Term Care Inspections Branch

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.