

**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:** April 16, 2025

**Inspection Number:** 2025-1476-0003

**Inspection Type:**

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): April 4, 7-11, 15-16, 2025

The following intake(s) were inspected:

Intake: #00138478 -related to a disease outbreak

Intake: #00139447 -related to an allegation of resident abuse

Intake: #00139530 -related to a complaint response for care of a resident

Intake: #00140928 -Follow-up #: 1 - CO #002 FLTCA, 2021, s. 24 (1) Duty to Protect, CDD, March 28, 2025

Intake: #00140929 -Follow-up #: 1 - CO #003, FLTCA, 2021, s. 28 (1) (2) Reporting Certain Matters to the Director, CDD, March 28, 2025

Intake: #00140930 -Follow-up #: 1 -CO #004 O. Reg. 246/22 - s. 140 (2) Administration of drugs, CDD March 28, 2025.

Intake: #00140931 -Follow-up #: 1 - CO #001, FLTCA, 2021, s. 51 (9) authorization to a home, CDD, March 28, 2025

Intake: #00141035 -related to a medical event of a resident

Intake: #00141406 -complaint response related to care of a resident

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## Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2025-1476-0001 related to FLTCA, 2021, s. 24 (1)

Order #003 from Inspection #2025-1476-0001 related to FLTCA, 2021, s. 28 (1) 2.

Order #004 from Inspection #2025-1476-0001 related to O. Reg. 246/22, s. 140 (2)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2025-1476-0001 related to FLTCA, 2021, s. 51 (9)

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

- Resident Care and Support 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: Duty to protect

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

**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

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by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from physical abuse by another resident.

Physical abuse is defined as, "the use of physical force by a resident that causes physical injury to another resident".

A resident used physical force towards another resident resulting in an injury.

**Sources:** clinical record review of residents , critical incident, interviews with staff.

## **WRITTEN NOTIFICATION: Licensee must comply**

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

**Non-compliance with: FLTCA, 2021, s. 104 (4)**

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee failed to comply with an order under the Act.

A compliance order under the FLTCA, s. 51 (9) written notice if licensee withholds approval was issued to the home on February 25, 2025. The home was to with respect to withholding an applicants admission, provide the applicant and the appropriate placement coordinator with a notice that was in accordance with s. 51 (9) of the FLTCA.

Record review of the refusal letter, sent to the applicant and the appropriate placement coordinator as required by the compliance order did not align with a

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detailed explanation of the supporting facts. The letter did not outline a detailed explanation of the supporting facts related to both the home's and the applicant's condition and requirements for care. There was no explanation of how the supporting facts justified the decision to withhold approval.

**Sources:** refusal letter, interview with staff.

**An Administrative Monetary Penalty (AMP) is being issued on this written notification 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 Written Notification NC #002**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, 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 an order under s. 155 of the Act.

**Compliance History:**

February 25, 2025 for FLTCA, s. 51 (9)

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

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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.