Ontario

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

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: June 27, 2025

Inspection Number: 2025-1476-0005

Inspection Type:
Complaint
Critical Incident

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): June 13, 17- 20, 23 - 27, 2025

The following intake(s) were inspected:

- Intake: #00143664 - related to an outbreak
- Intake: #00143750 - related to fall of a resident resulting in injury
- Intake: #00144699 - related to allegation of abuse of a resident
- Intake: #00145826 - related to an outbreak
- Intake: #00145955 - related to an outbreak
- Intake: #00146445 - related to allegation of abuse of a resident
- Intake: #00148357 - related to allegation of abuse of a resident
- Intake: #00148719 - related to an outbreak
- Intake: #00149962 - concerns related to medication administration and nutrition services

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

Medication Management

Food, Nutrition and Hydration
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: General Requirements

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (2)
General requirements
s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that responses to interventions for a resident were consistently documented.

Sources: Observations, review of the resident's medical records, interview with staff.

WRITTEN NOTIFICATION: Pain management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the

following:
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The licensee has failed to ensure that the pain management program, at a minimum, provided for monitoring of a resident's responses to, and the effectiveness of, the pain management strategies.

Sources: Medical record review of the resident, interview with staff.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(c) the implementation of interventions to mitigate and manage those risks;

The licensee has failed to ensure that a resident's nutrition related intervention was followed.

Sources: Record review the resident's records, interview with the resident and staff.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #004 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 implement, The Infection Prevention and Control Standard for Long-Term Care Homes, last revised September 2023:

A) In accordance with section 9.1 At minimum Routine Practices shall include: (b) Hand hygiene, including, but not limited to, at the four moments of hand hygiene.

Sources: Staff observations and interviews.

B) In accordance with section 9.1 At minimum Routine Practices shall include (d) Proper use of PPE, including appropriate selection, application, removal, and disposal.

Sources: Observations, review of a residents medical records, interview with staff.

WRITTEN NOTIFICATION: Safe storage of drugs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The licensee has failed to ensure that a controlled substance was stored in a separate locked area within the locked medication cart.

Sources: Observations, Home's Policy, interviews with staff, review of a residents medical records.