

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** June 9, 2025

**Inspection Number:** 2025-1386-0004

**Inspection Type:**

Critical Incident

**Licensee:** Schlegel Villages Inc.

**Long Term Care Home and City:** The Village of Taunton Mills, Whitby

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 28 -30, 2025 and June 2 - 6, 9, 2025

The following intake(s) were inspected:

- Intake: #00145910 - 2902-000010-25-A fall incident.
- Intake: #00146878 - 2902-000012-25 - An allegation of Improper/Incompetent treatment
- Intake: #00146908 - 2902-000013-25 -An allegation of Sexual abuse

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

Infection Prevention and Control  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Falls Prevention and Management

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: PLAN OF CARE

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Specifically, the licensee did not follow a resident's care plan as evidenced by wearing a falls prevention intervention 24/7. On a specified date, a resident's falls prevention intervention was missing, therefore the falls intervention was not in place.

**Sources:** interview with staff, clinical health records, the homes investigation notes and critical incident report.

## WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #002 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.

The licensee failed to comply with their policy to promote zero tolerance of abuse and neglect, specifically when staff did not report a resident's allegations of improper care on the date it occurred.

**Sources:** Home's investigation notes, Prevention of Abuse and Neglect Policy, interviews with staff.

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## WRITTEN NOTIFICATION: NUTRITIONAL CARE AND HYDRATION PROGRAM

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

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (d)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

The licensee failed to ensure that the nutritional care and hydration program includes, a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

In accordance with O. Reg 246/22 s. 11. (1) b, the licensee was required to ensure that written policies and protocols were developed for the nutritional care and hydration program and ensure they were complied with. Specifically, staff did not comply with the home's "Referral to Dietician and/or Director of Dietary Services." policy.

The homes policy for nutrition and hydration confirms that residents who have below their required fluid intake for 3 consecutive days requires the night Registered Nurse (RN) to review the hydration status and send a referral to the dietitian.

A resident's care plan identified the resident's required daily fluid intake and that they were at a high risk for nutrition and dehydration.

**Sources:** Review of homes policy for hydration, interview with staff, clinical health records and critical incident report.

## COMPLIANCE ORDER CO #001 Duty to protect

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

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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 comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee will educate all direct care staff on the prevention of abuse and neglect. This education is to stand alone from the home's yearly education.

1. This training is to include but not limited to team communication regarding referrals, why, when and how a referral is made (i.e. medication, dietary and physiotherapist referrals).

2. Keep documentation for the education including who provided the education, what education is being provided, the date of education and name of the person taking the education. Make this available to the inspector immediately upon request.

The licensee will educate all direct care staff on the importance of team collaboration and having post fall huddles after each fall in the home.

1. The education will include but not limited to what's included in a post falls huddle, the purpose of a post fall huddle. Keep documentation on who provided the education, name of the employee attending and the information being taught. Make this documentation available to the inspector upon request.

2. The licensee will document all post fall huddles including names of people participating, identifying what contributed to the fall and what can be done differently for the future. The licensee will provide this documentation to the inspector upon request.

**Grounds**

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. Specifically, the licensee failed to protect a resident from neglect. Staff informed registered staff that the falls prevention intervention was not fitting appropriately for a resident. Documentation confirmed that the resident would remove/refuse the falls prevention intervention.

The home failed to fit a resident for an appropriate fitting falls prevention

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intervention as evidenced in documentation that the falls prevention intervention was intact and sitting beside the resident prior to hitting the ground. When the resident refused the falls prevention intervention other interventions were not implemented for the resident's safety. Seven staff, in separate interviews, confirmed they had not received training on the falls prevention intervention. A staff member confirmed the entire home had not received training on the selection, application and monitoring of the falls prevention intervention.

Staff confirmed the resident's falls prevention intervention was missing on a specified date, and another falls prevention intervention was not provided. When the resident returned from hospital, staff put the same falls prevention intervention on the resident without reviewing if interventions were effective from the latest fall. In addition, the licensee has failed to collaborate as a team in the care for the resident. Review of the plan of care confirmed referrals were not completed when the resident was experiencing weight loss of greater than 10%, dehydration and medication reviews after resident's multiple falls.

Four staff, in separate interviews, confirmed post falls huddles were not completed after the resident's fall, resulting in not knowing if the falls intervention in place for the resident were effective. The resident's medical diagnosis they were being treated for was not listed on the residents' profile also contributing to non-collaboration.

Failure to protect a resident from neglect resulted in a pattern of inaction leading to the resident's fall, injuries and subsequent death.

**Sources:** Interview with staff, clinical health records, the homes investigation notes, the homes Hydration Policy the homes fall prevention policy tab and critical incident report.

**This order must be complied with by August 29, 2025**

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

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

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The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #001**

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

**Compliance History:**

Compliance History + AMP for 24(1) for report 2024\_1386\_0002

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 #002 Compliance with manufacturers' instructions**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 26**

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in

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accordance with manufacturers' instructions.

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

Compliance Order:

- 1.a. The licensee will educate all direct care staff on the selection, application and monitoring of the falls prevention intervention.
- b. After the education is provided, the licensee is to implement an in person return demonstration of the appropriate selection, application and monitoring of the falls prevention intervention. The licensee will keep a record of who was trained, who and when the training was provided and what corrections were provided if applicable. The licensee will provide this to the inspector upon request.
- 2) a. The licensee will develop and implement a regular cleaning schedule for maintaining the falls prevention intervention in clean and working order as directed by the manufacturer.
- b. The licensee will educate the staff in charge of cleaning the falls prevention intervention, with the appropriate process for the cleaning as provided by the manufacturer.

**Grounds**

The licensee has failed to ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The licensee failed to ensure that staff utilized assistive aids in accordance with the manufacturer's instructions while implementing a falls prevention intervention for a . Specifically, five staff, in separate interviews, confirmed they did not know how to select, apply or maintain the falls prevention intervention.

This resulted in the falls prevention intervention coming off a resident prior to them hitting the ground causing the resident to fall to be hospitalized for their injury.

A review of the assistive aid packaging indicates staff to measure the resident for a perfect fit. A staff member confirmed there are 2 sizes of falls prevention interventions, a small/medium and medium/large. A staff member confirmed the resident was wearing a medium/large falls prevention intervention but could not

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provide documentation of the measurements for the resident. Three staff, in separate interviews, also confirmed there was no cleaning schedule for the falls prevention intervention.

Failure to follow the manufacturer's instructions resulted in the falls prevention intervention coming off prior to a resident's fall which led to the resident's injury and death.

**Sources:** Interview with staff, clinical health records, review of manufacturers direction for the falls prevention intervention, homes investigation notes and critical incident report.

**This order must be complied with by August 29, 2025**



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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The 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.

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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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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 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, 9<sup>th</sup> Floor

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
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438 University Avenue, 8<sup>th</sup> Floor  
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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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](http://www.hsarb.on.ca).