

## 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

#### **London District**

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

## Public Report

Report Issue Date: April 16, 2025

Inspection Number: 2025-1461-0002

Inspection Type:

Complaint

Critical Incident

Licensee: Schlegel Villages Inc.

Long Term Care Home and City: The Village of Glendale Crossing, London

## **INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): April 9, 10, 11, 14, 15, 16, 2025.

The following intake(s) were inspected:

- Intake: #00140456, Critical Incident related to a fall
- Intake: #00141584, Complaint relate to care concerns
- Intake: #00142852, Critical Incident related to a fall
- Intake: #00143067, Critical Incident related to a fall

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services 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 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

The licensee has failed to ensure that the written plan of care for a resident set out clear directions to staff and others who provided direct care to the resident. There were conflicting numbers of times that a specific care item was to be provided in various areas of the plan of care. Three months of records showed multiple times of missing documentation of the specified care provided.

**Sources:** Health records for a resident, observations of a resident and resident and staff interviews.