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

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

Public Report

Report Issue Date: March 19, 2026

Inspection Number: 2026-1461-0003

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): March 2-5, 9-13, 16-19, 2026
The inspection occurred offsite on the following date(s): March 6, 2026
The following intake(s) were inspected:

- Intake: #00164489 - Critical Incident (CI) #2979-000081-25 - related to resident fall with injury.
- Intake: #00167169 - CI #2979-000001-26 - related to resident fall with injury.
- Intake: #00167614 - CI #2979-000002-26 - related to resident fall with injury.
- Intake: #00168416 - A complaint related to wound care.
- Intake: #00171090 - A complaint related to alleged neglect and a care concerns.
- Intake: #00171123 - A complaint related to a care concerns.
- Intake: #00171156 - A complaint related to falls management and care concerns.
- Intake: #00171464 - CI #2979-000011-26 - related to reporting written responses.

- Intake: #00171587 - A complaint related to alleged neglect.

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Medication Management
Prevention of Abuse and Neglect
Reporting and Complaints
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The resident's clinical records did not indicated the use of fall prevention

interventions. The fall prevention interventions had been trialed with the resident and a decision was made to implement them once the equipment arrived, this was not documented in the resident's plan of care. During an interview, the Director of Care (DOC) stated that staff were not aware of the need to implement fall prevention interventions because they were not documented in the resident's plan of care and necessary arrangements were not made to initiate the use of fall prevention interventions.

Sources: Review of Critical Incident System; review of home's Fall's Prevention and Management Program; observations of resident; resident's electronic records; and interview with staff members and family member.

WRITTEN NOTIFICATION: Skin and wound care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

A review of resident's clinical records identified gaps in skin and wound assessments. The resident did not receive a complete initial assessment for a skin impairment and required elements were missing. The Skin and Wound Care Lead confirmed that any identified skin impairment requires a complete initial assessment to be documented in skin and wound care application. Completion of this

assessment is necessary to trigger required weekly wound reassessments. As a result resident did not receive ongoing wound care evaluations as required.

Sources: Resident's Clinical record reviews; and interviews with Wound Care Lead.

WRITTEN NOTIFICATION: Critical Incident Reporting

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (5) 3. v.
Reports re critical incidents
s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:
3. Actions taken in response to the incident, including,
v. the outcome or current status of the individual or individuals who were involved in the incident.

A Critical Incident System (CIS) report was received by the Director regarding an injury of unknown cause to a resident. A review of CIS report identified that it had not been amended to include long term corrective actions to address or prevent recurrence. During an interview the Administrator confirmed that the CIS had not been amended.

Sources: Review of CIS intake; and interview with the Administrator.

WRITTEN NOTIFICATION: Critical Incident Reporting

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

Non-compliance with: O. Reg. 246/22, s. 115 (5) 4. ii.
Reports re critical incidents
s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:
4. Analysis and follow-up action, including,
ii. the long-term actions planned to correct the situation and prevent recurrence.

A Critical Incident System (CIS) report was received by the Director regarding an injury to resident, with an unknown cause. A review of CIS report identified that the report had not been amended to include long term actions to correct or prevent recurrence. The Administrator advised that the CIS had not been amended.

Sources: Review of CIS intake; and interview with the Administrator.

COMPLIANCE ORDER CO #001 Falls Prevention and Management

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

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

The licensee shall:

a) Provide training for all registered staff on the home's Fall's Program, specifically post fall huddles and the Head Injury Routine (HIR). Keep a record of the training, the staff who completed the training and dates completed.

b) Perform an audit of post fall huddles and HIR for all unwitnessed falls/suspected head injuries to ensure they are being completed post fall. Document the audit completed, dates, person completing and actions taken to correct any deficiencies.

Grounds

The licensee was required to ensure the home's fall prevention and management program was implemented and followed.

Staff did not comply with the Head Injury Routine (HIR) and fall huddle requirements for multiple residents on multiple occasions, as outlined in the falls prevention and management program.

Specifically, required fall huddles were not conducted following multiple falls, and HIR monitoring was not completed consistently after falls for multiple residents.

The Assistant Director of Care confirmed that the post fall huddles and head injury monitoring were not completed consistently by staff members in accordance with the fall prevention and management program.

Sources: Review of Critical Incident System; Head Injury Routine and Fall's Prevention and Management Program policies, multiple resident's electronic

records and interview with staff members.

This order must be complied with by April 23, 2026

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

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, 8th floor
Toronto, ON, M7A 1N3

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, 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
Toronto, ON, M7A 1N3
e-mail: 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.