

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée

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

Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée

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| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>No de registre</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|-----------------------------------|--|
| Nov 12, 2020                                   | 2020_747725_0017                              | 018886-20                         | Complaint  |

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**Licensee/Titulaire de permis**

Schlegel Villages Inc.  
325 Max Becker Drive Suite. 201 KITCHENER ON N2E 4H5

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**Long-Term Care Home/Foyer de soins de longue durée**

The Village of Aspen Lake  
9855 McHugh Street WINDSOR ON N8P 0A6

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CASSANDRA TAYLOR (725)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): November 3-5, 9, 10, and 12, 2020.**

**The following complaint intake was inspected during this inspection;**

**Log #018886-20 -relating to concerns of withholding applications for admissions and refusing potential applicants.**

**During the course of the inspection, the inspector(s) spoke with the General Manager, Director of Care, Assistant Director of Care, a Neighbourhood Coordinator, a Patient Services Manager and a Care Coordinator.**

**The inspector also reviewed relevant documentation to this inspection.**

**The following Inspection Protocols were used during this inspection:  
Admission and Discharge**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>  | <p>Légende</p> <p>WN – Avis écrit<br/>VPC – Plan de redressement volontaire<br/>DR – Aiguillage au directeur<br/>CO – Ordre de conformité<br/>WAO – Ordres : travaux et activités</p>  |
| <p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 104. Beds allowed under licence**

**Specifically failed to comply with the following:**

**s. 104. (2) Every licensee shall ensure that all the beds that are allowed under the licence are occupied or are available for occupation. 2007, c. 8, s. 104. (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that six secure beds that were allowed under the license were occupied or made available for occupation and failed to obtain written permission from the Director for them not to be available for occupancy.

A complaint was submitted to the Ministry of Long-Term Care relating to the home not admitting to their secure beds. During an interview with the General Manager (GM) it was confirmed that the home had six secure beds unoccupied. The earliest secure bed became unoccupied on June 26, 2020, and five additional thereafter, for a total of six beds. With the most recent being October 21, 2020. During an interview with the GM and Neighbourhood Coordinator (NC) it was indicated that the beds had not been matched with an applicant to be filled. In electronic mail (e-mail) documents between the home and the Local Health Integration Network (LHIN) it indicated that there was an inquiry with the home on a possible secure bed matched for an applicant in crisis, the home responded to state the home was not admitting at all to the secure unit. During an interview with the GM and NC it was indicated that the home did not receive permission from the Director to hold beds in vacancy for greater than 14 days.

Closing beds without permission from the Director presented a potential risk for applicants in crisis to not be able to access the Long-Term Care system for support.

Sources: Staff interviews with the GM, NC, CC #104 and PSM #105 and relevant e-mail correspondence. [s. 104. (2)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that six secure beds that are allowed under the license are occupied or are available for occupation or to obtain written permission from the Director for them not to be available for occupancy, to be implemented voluntarily.***

**Issued on this 16th day of November, 2020**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**