

**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

## Original Public Report

**Report Issue Date:** October 22, 2024

**Inspection Number:** 2024-1465-0004

**Inspection Type:**

Complaint

Critical Incident

**Licensee:** Schlegel Villages Inc.

**Long Term Care Home and City:** The Village of Aspen Lake, Windsor

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 24, 25, 26, 27, 2024 and October 1, 2, 3, 4, 2024

The following intake(s) were inspected:

- Intake: #00122123/CI #3037-000043-24 related to falls prevention and management
- Intake: #00122360/CI #3037-000044-24 related to suspected outbreak of Influenza A
- Intake: #00122413/CI #3037-000046-24 related to an unexpected death
- Intake: #00123016/CI #3037-000048-24 related to improper transfer
- Intake: #00125919/CI #3037-000054-24 related to Covid-19 outbreak
- Intake: #00126218/CI #3037-000056-24 related to alleged resident to resident abuse
- Intake: #00126599/CI #3037-000057-24 related to choking incident
- Intake: #00127353/CI #3037-000058-24 related to choking incident
- Intake: #00126608/Complaint related to medication management, infection control, and accommodation rate increases

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control
- Responsive Behaviours
- Staffing, Training and Care Standards
- Falls Prevention and Management
- Resident Charges and Trust Accounts

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Accommodation Services - Housekeeping

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

**Non-compliance with: FLTCA, 2021, s. 19 (2) (a)**

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary;

**Introduction:**

The licensee failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

**Rationale and Summary:**

The inspector observed unclean floors on two different neighbourhoods, the visitor

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washrooms, and in the elevators. The floors were noted to have had a black film and debris build up around the perimeter. The carpet on a neighbourhood was stained and had debris throughout the surface which remained there until the following day. A housekeeper stated that the carpet should have been vacuumed daily.

The Director of Environmental Services (DES) and the General Manager (GM) both agreed that the home should have been a clean and sanitary environment for the residents.

Failure to ensure that the home was kept clean and sanitary increased the potential for risks associated with infectious diseases and pest infestations, and potentially impacted the resident's right to live in a safe, clean environment in a dignified matter.

**Sources:** Observations throughout the home as well as interviews with Housekeeping, the DES, and the GM.

## **WRITTEN NOTIFICATION: Safe Transferring**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

**Introduction:**

The licensee failed to ensure that staff used safe transferring techniques when assisting a resident.

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**Rationale and Summary:**

A resident required two staff and the use of a mechanical lift for all transfers as per their plan of care. The resident was transferred from their wheelchair to a shower chair by two staff members without the use of a mechanical lift. A Personal Support Worker (PSW) stated that they did not use a mechanical lift when the resident was transferred from their wheelchair to the shower chair.

Not using a safe transferring technique put the resident at risk for injury.

**Sources:** Critical incident report and the resident's plan of care as well as an interview with a PSW.

**WRITTEN NOTIFICATION: Altercation Between Residents**

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

**Non-compliance with: O. Reg. 246/22, s. 59 (b)**

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(b) identifying and implementing interventions.

**Introduction:**

The licensee failed to ensure that interventions were implemented to minimize the risk of altercation between two residents.

**Rationale and Summary:**

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A PSW stated that two residents had been in a verbal altercation. The PSW ensured they were separated in a room before leaving. The PSW then stated that moments later one resident had been physical toward the other.

One Resident's care plan indicted that if they became angry with others the staff were to have encouraged the resident to move to an area where they could have been observed. The PSW stated that they had not encouraged the resident to move to another area but had ensured both residents were separated in a room.

Not implementing the intervention in place for one resident escalated their behaviours and caused injury to another resident.

**Sources:** A resident's care plan and interview with a PSW

## **WRITTEN NOTIFICATION: Accommodation Charges**

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

**Non-compliance with: O. Reg. 246/22, s. 309 (1)**

Notice of accommodation charge increase

s. 309 (1) Before increasing the amount payable by a resident for accommodation, the licensee of a long-term care home shall give the resident at least 30 days written notice of the licensee's proposal to increase the amount payable and the amount of the proposed increase.

**Introduction:**

The licensee failed to ensure that a resident was given at least 30 days written notice when the amount payable for their accommodation had increased.

**Rationale and Summary:**

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The home's family and friends information board included a memorandum (memo) from the Ministry of Long-Term Care indicating that effective July 1, 2024, the accommodation rate increased. The memo stated in part to ensure that the enclosed bulletin was provided to all Long-Term Care home residents by June 1, 2024.

A resident stated that they had not received written notice of the July 1, 2024, accommodation increase and they were unaware that the notification was posted on the information board.

The home's Administrative Coordinator stated that, residents had not been given written notice of the accommodation rate increase but that the memo had been posted on the family and friends information board on main street. The home's General Manager acknowledged that not all residents look at the information board on main street and that residents had not been given written notice when the accommodation rate had been increased.

Not notifying residents of an increase in accommodation rate put the residents at risk for potential negative financial impact.

**Sources:** Accommodation Rate Increase Memo, observation of the family and friends information board, and interviews with a resident, Administrative Coordinator, and General Manager.

**COMPLIANCE ORDER CO #001 Safe and Secure Home**

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

**Non-compliance with: FLTCA, 2021, s. 5**

Home to be safe, secure environment

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s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

**The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with [FLTCA, 2021, s. 155 (1) (b)]:**

Specifically, the licensee shall prepare, submit and implement a plan to maintain the home's carpeting and provide a safe and smooth surface without trip hazards for residents.

The plan must include but is not limited to:

1. Completing an audit of all the resident neighbourhoods to identify flooring, including carpeting, that might be a potential trip hazard or safety risk to residents and maintain a written copy of the audit.
2. Ensuring that the leadership team, including the General Manager and Director of Environmental Services, reviews the audit and participates in creating and implementing a plan to provide a safe and smooth flooring surface that is free of trip hazards for residents.

Please submit the written plan for achieving compliance for inspection #2024-1465-0004 to The Ministry of Long-Term Care, by email to [londondistrict.mltc@ontario.ca](mailto:londondistrict.mltc@ontario.ca) by November 1, 2024.

Please ensure that the submitted written plan does not contain any PI/PHI.

**Grounds**

**Introduction:**

The licensee failed to ensure that the carpeting on a neighbourhood was safe for residents.

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**Rationale and Summary:**

During observations on a neighbourhood the inspector noted the hallway carpeting in the North and South halls were uneven, rippled, and raised in several areas.

The Director of Environmental Services (DES) indicated that they were aware of the carpeting concerns and that they would place a call to the home's flooring contractor to inquire about having it repaired or replaced.

Not providing a safe, flat, smooth surface and not repairing or replacing the areas of carpeting on the neighbourhood could potentially lead to a trip hazard or injury to the residents.

**Sources:** Observations of the neighbourhood and interviews the DES and RPN.

**This order must be complied with by** November 22, 2024



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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

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**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)

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).