

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: January 14, 2025

Inspection Number: 2024-1465-0005

Inspection Type:

Critical Incident
Follow up

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 dates: January 7 - 10, 2025, and January 13 - 14, 2025.

The following intakes were inspected:

- Intake: #00130117 - Follow-up #1 - FLTCA, 2021 - s. 5. Compliance Due Date: November 22, 2024 - related to safe flooring
- Intake: #00130633 / Critical Incident (CI) #3037-000068-24 - related to alleged abuse and neglect
- Intake: #00133861 / CI #3037-000079-24 - related to alleged abuse and neglect
- Intake: #00136270 / CI #3037-000002-25 - injury resulting in significant change in condition

The following intakes were completed in this inspection: intake: #00135933 / CI #3037-000086-24, intake: #00128628 / CI #3037-000063-24, and intake: #00129461 / CI #3037-000065-24 were related to falls.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1465-0004 related to FLTCA, 2021, s. 5

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

- Resident Care and Support Services
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Additional Training- Direct Care Staff

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

Non-compliance with: FLTCA, 2021, s. 82 (7) 6.

Training

s. 82 (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:

6. Any other areas provided for in the regulations.

The licensee has failed to ensure that all staff who provided direct care to residents received, as a condition of continuing to have contact with residents, training in falls prevention and management, at times or at intervals provided for in the regulations:

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In accordance with O Reg 246/22 s. 261(2), the licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 82 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 82 (7) of the Act.

Specifically, out of 250 team members 63 did not complete their required annual training in falls prevention and management for 2024. These 63 team members are all active (full time, part time and casual) staff.

Sources: Interviews with staff and review of the annual education report.