

**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 17, 2025

**Inspection Number:** 2025-1465-0002

**Inspection Type:**

Proactive Compliance Inspection

**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: April 8 - 11, and April 14 - 17, 2025

The following intake was inspected:

- Intake: #00144090 - Proactive Compliance Inspection 2025

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents' and Family Councils
- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Residents' Rights and Choices
- Pain Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Skin and Wound Care

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

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,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure that a resident's skin issue was assessed weekly.

During a record review it was noted that a resident was documented to have a two separate wound assessments completed, eight days after the previous assessment. The wound was not assessed weekly as required.

Sources: Pressure injury wound assessments and an interview with staff #111.

### WRITTEN NOTIFICATION: Safe storage of drugs

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

**Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)**

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

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The licensee failed to ensure that controlled substances were stored in stationary, double locked cupboards. The inspector observed a controlled substance, stored in a locked box, in a unsecure, unlocked fridge in a medication room. Staff #110 indicated controlled substances awaiting destruction were in a locked box, in a locked filing cabinet but that the box was not secured.

Sources: Observations and staff interview.

## **COMPLIANCE ORDER CO #001 Dining and snack service**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.**

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

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

The licensee shall:

1. The home will review, and as required revise, the home's Food Temperature Control policy, to clearly define what food items are required to be temped and what actions staff are to take if a food item is outside the established safe temperature range.
2. The home will train all dietary service staff regarding the updated policy from #1. Retain the training records including the training content, the date of training, and who completed the training.
3. Once #1 and #2 are complete the home will audit all home area food temperatures logs for two weeks, to ensure all required food items are temped and

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appropriate action is taken if a temperature is out of the established safe range. Keep a record of the audit, who completed it, any discrepancies noted, and corrective actions taken.

4. Once #3 is complete the home will randomly audit one home area per day, for two weeks, to ensure all required food items are temped and appropriate action is taken if a temperature is out of the established safe range. Keep a record of the audit, who completed it, any discrepancies noted, and corrective actions taken.

**Grounds**

The licensee failed to ensure foods that were served to the residents were safe when they were not temped before service, or re-temped as appropriate. Inspector reviewed the temperature report from a lunch meal service, noting five food items, of varying textures, that were not temped before service. All six home areas had at least one non temped item. The home had an identified temperature "danger zone" that food should not be served at, 4-60 degrees Celsius or 40-140 degrees Fahrenheit. Two food items, on separate home areas, were temped and considered outside the appropriate temperature range with no evidence of a re-temp being taken to ensure they were safe prior to being served to residents.

Not temping, or re-temping, the food items put the residents at risk of receiving food that was outside the appropriate temperature range and would put them at risk of food borne illness.

Sources: Food Temperature Control Policy, Temperature Report and interview with staff.

**This order must be complied with by** June 13, 2025

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

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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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

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**Director**

c/o Appeals Coordinator  
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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).