

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: June 27, 2025

Inspection Number: 2025-1465-0005

Inspection Type:

Complaint
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: June 16 - 17, 19 - 20, 23 - 27, 2025

The following intakes were inspected:

- Intake: #00142368 - Follow-up #1 - Compliance Order #001/2025-1465-0001, O. Reg. 246/22 s. 93 (2) (b) (ii) Housekeeping, CDD May 30, 2025
- Intake: #00147563 - complaint with concerns regarding food handler training
- Intake: #00147844 / Critical Incident (CI) #3037-000040-25 - allegation of abuse to a resident by staff
- Intake: #00148832 / CI #3037-000042-25 - resident with fracture of unknown cause
- Intake: #00148834 / CI #3037-000043-25 - allegation of physical abuse to a resident by a resident
- Intake: #00149424 - complaint with concerns regarding infection prevention and control
- Intake: #00150233 - complaint regarding pain management and infection prevention practices

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- Intake: #00150444 - complaint with concerns regarding improper care

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1465-0001 related to O. Reg. 246/22, s. 93 (2) (b) (ii)

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
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Reporting and Complaints
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

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

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided

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to the resident as specified in the plan.

The licensee failed to ensure that a resident was provided with two team members when receiving care on three occasions. In an interview with a staff it was confirmed that the resident was to receive care with two team members as per the resident's plan of care.

Sources: interview with resident and staff, Point of Care documentation, and resident care plan.

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) (a) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)

(ii) upon any return of the resident from hospital, and

The licensee failed to ensure that a resident received a skin assessment when they returned from hospital. A head-to-toe assessment upon return from hospital documented in part that, the resident skin concerns were worse and referred to the skin and wound evaluation for detail. There was no record that a skin and wound evaluation had been completed.

Sources: resident progress notes, head to toe skin assessment, skin and wound evaluation record, and staff interview.

WRITTEN NOTIFICATION: Infection prevention and control

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program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that standards issued by the Director with respect to infection prevention and control were complied with.

A. In accordance with additional requirement 9.1 under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (revised September 2023), the licensee failed to ensure that at a minimum, additional precautions shall include evidence-based practices related to potential contact transmission and required precautions, specifically when additional precaution signage was not posted at the entrance to the resident's room or bed space.

The home's policy for contact precautions indicated a team member would set up an isolation station at the entrance to residents room, posting signage at the resident door. During inspector observations, residents identified as requiring additional precautions were noted to not have signage posted at the entrance to their rooms.

Sources: observations and Transmission of Micro-organisms - Contact Precautions policy.

B. In accordance with additional requirement 5.8 under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (revised September 2023), the

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licensee failed to ensure that where hoppers were in use, IPAC measures were in place to minimize the risk of infection to staff as well as soiling of the surrounding area. Specifically, it was observed that personal protective equipment (PPE) was not available in all of the soiled utility rooms where hoppers were used and a staff was not aware of what PPE was required to be worn when using the hopper.

Sources: inspector observation, Linen Handling Policy, and interviews with staff.

WRITTEN NOTIFICATION: CMOH and MOH

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

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The "Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings" from the Ministry of Health, stated that alcohol-based hand rubs (ABHR) "must not be expired".

The licensee failed to ensure that ABHR was not expired, when the inspector observed on June 16, 2025, 20 ABHR with no noted expiration date or an expiration date of May 10, 2025, or June 9, 2025. Five were noted in stairwells and the others found in resident home spaces including the library, physiotherapy room, parlors, dining/activity spaces and nursing carts.

Sources: inspector observation.

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COMPLIANCE ORDER CO #001 Transferring and Positioning Techniques

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

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.

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

The licensee shall:

A. Complete a review of the home's mechanical lift education content and make revisions, if necessary.

B. Keep a documented record of the following:

1. Date of the review and who was present during the review of the home's mechanical lift education content.
2. Any decisions to revise or not to revise the education and provide rationale for the decision.
3. How staff will be notified of any revisions to the mechanical lift education, if made.

Grounds

The licensee failed to ensure that staff used safe transferring techniques when assisting a resident during a transfer, resulting in an injury. The resident required transfer to hospital for further assessment and their injury continued to deteriorate.

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Sources: Critical incident report, resident progress notes, the home's policy related to transfer and lifts, the home's education related to transfer and lifts, resident clinical reports from hospital, and staff interviews.

This order must be complied with by August 8, 2025

COMPLIANCE ORDER CO #002 Infection prevention and control program

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

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

The licensee shall:

A. Review and revise as required the home's policies for infection surveillance and managing a respiratory outbreak to ensure there is clear direction for when to isolate a resident exhibiting symptoms. Maintain a record of the review, any revisions made, who participated, and the date(s).

B. Provide education to all registered staff regarding the surveillance and managing a respiratory outbreak policies once (A) is complete. Ensure this education clearly outlines the requirements to monitor residents for symptoms on every shift and that when identified immediate action is to be taken to reduce transmission and isolate residents.

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C. Maintain records of the training including the contents of the training (including who developed and/or presented the materials), dates training occurred, and names of those who attended.

Grounds

The licensee failed to ensure residents with symptoms were immediately isolated to reduce transmission of infectious organisms.

Three residents were identified as having signs/symptoms of infection and were not immediately isolated. Not immediately isolating residents with symptoms increased the risk of infection transmission to other residents.

Sources: resident progress notes.

This order must be complied with by August 8, 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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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, 9th Floor

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Director

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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.