

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: March 13, 2025

Inspection Number: 2025-1474-0002

Inspection Type:

Complaint
Critical Incident

Licensee: Schlegel Villages Inc.

Long Term Care Home and City: The Village at St. Clair, Windsor

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 20, 21, 24 - 27, 2025 and March 3 - 7, 2025.

The inspection occurred offsite on the following date(s): February 28, 2025 and March 7, 2025.

The following intake(s) were inspected:

- Complaint Intake: #00137093 - relating to care concerns, allegations of neglect, plan of care and resident's bill of rights.
- Complaint Intake: #00139871 - relating to care concerns, skin and wound care, dining and snack services, food production, and plan of care.
- Complaint Intake: #00140916 - relating to allegations of staff to resident abuse and neglect.
- Complaint Intake: #00140923 - relating to allegations of staff to resident abuse and neglect.
- Intake: #00137484 -Critical Incident (CI) #3046-000005-25 - relating to allegations of resident to resident abuse.
- Intake: #00140478 - CI #3046-000015-25 - relating to allegations of improper/Incompetent treatment of resident.

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The following intakes were completed concurrently within the Proactive Compliance Inspection (PCI) #2025-1474-0002 relating to Infection Prevention and Control (IPAC) management.

- Intake: #00136822 - CI #3046-000003-25 - IPAC outbreak management.
- Intake: #00139784 - CI #3046-000014-25 - IPAC outbreak management.

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

Contenance Care
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Residents' Rights and Choices
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on

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an assessment of the resident and on the needs and preferences of that resident.

The licensee failed to ensure that the fall intervention noted in a resident's care plan was based on their needs. The care plan identified that the resident used an intervention but the inspector had not observe it. Staff interviewed had indicated the intervention would not have been appropriate for the resident.

The inspector was informed that the intervention had been removed from the care plan.

Sources: Care plan and staff interviews..

Date Remedy Implemented: March 3, 2025

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee failed to ensure a resident had their care documented. A resident had a support action in place two or three times per shift. On 24 shifts between the review period, the resident's support action had been documented once or not at all. The Director of Care (DOC) had indicated that if the support action was not documented the care was not complete or staff forgot to document.

Sources: Resident support action documentation from Point Click Care and staff interview.

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WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee failed to ensure a post fall assessment was completed, including a head injury routine, when a resident was found on the floor.

Sources: Resident's assessments tab in Point Click Care and progress notes.

WRITTEN NOTIFICATION: Skin and wound care

NC #004 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 had received a weekly skin and wound assessment for an area of altered skin integrity.

Sources: Resident's medical records and staff interview.

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WRITTEN NOTIFICATION: Continence care and bowel management

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee failed to ensure the continence section of a resident's care plan provided direction to the evening or night staff.

Sources: Resident's care plan and interviews with staff.

WRITTEN NOTIFICATION: Resident records

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 274 (b)

Resident records

s. 274. Every licensee of a long-term care home shall ensure that,

(b) the resident's written record is kept up to date at all times.

The licensee failed to ensure a resident's meal intake documentation was kept up to date at all times, when several entries were documented with incorrect information.

Sources: Resident's medical records and staff interviews.

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COMPLIANCE ORDER CO #001 Duty to protect

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

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

The licensee shall:

A. Develop and implement a process and/or policy that includes but is not limited to;

- what is considered as the identified abuse,
- what immediate actions staff are required to take if they witness or suspect the identified abuse to ensure each resident is protected from abuse at the time of discovery.
- how to determine specifics with respect to identified interactions among residents,
- direction for management on how to complete a follow-up investigation into the alleged abuse relating direction to staff on assessments, documentation, and follow-up actions.

B. Educate all staff with the process and/or policy developed in section A.

C. Ensure identified staff complete the LTCH's Prevention of Abuse and Neglect program education.

D. Keep a record of all the education, the education content, method of training, date and staff names that completed the education.

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Grounds

The licensee failed to protect resident #005 from resident #004 during an incident of abuse. Resident #004 had a known history of specific behaviours.

The Assistance Director of Nursing Care (ADNC) had indicated neither resident had been specifically assessed and both residents were cognitively impaired.

Sources: Resident's clinical records, Resident's CPS score, the Home's investigation notes, the Home's Prevention of Abuse and Neglect Policy and Education, and staff interviews.

This order must be complied with by June 4, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

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Compliance History:

Inspection 2023-1474-0004 a Compliance Order High Priority (COHP) was issued to FLTCA 2021, s. 24(1) on March 15, 2023.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

COMPLIANCE ORDER CO #002 Reporting certain matters to Director

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

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

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The licensee shall:

- A. Review specific documentation, for time of incidents and identify the Registered Nursing staff and PSW's that were working at the time of the incidents.
- B. Educate the identified Registered Nursing and PSW staff on the Long-Term Care Home's (LTCH) mandatory reporting policy.
- C. Educate the identified Registered Nursing staff on the LTCH's incident documentation requirements relating to alleged incidents of abuse.
- D. Keep a record of the trainings, the training content, how the training was completed and signatures of all staff that completed the training.

Grounds

The licensee failed to immediately report two separate incidents of alleged abuse involving a specific resident on both occasions.

Sources: Resident's clinical records, the LTCH's policy and staff interview.

This order must be complied with by June 4, 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.