

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 6, 2025
Inspection Number: 2025-1474-0001
Inspection Type: Proactive Compliance Inspection
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 dates: February 20 - 21, 24-27, and March 3-6, 2025.

The following intake was inspected:

- Intake: #00139880: Proactive Compliance Inspection - 2025

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
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Residents' Rights and Choices

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Pain 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. 85 (3) (l)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(l) copies of the inspection reports from the past two years for the long-term care home;

The home failed to ensure that inspection reports from the past two ministry inspections from December 18, 2024 and January 2, 2025, were posted in the home during an observation February 24, 2025.

The inspector observed both reports posted in the home the following day on February 25, 2025.

Sources: Ministry of Long Term Care Public Report delivery email through Secure Content Messaging (SCM), the home's public communication/information bulletin board, interview with the staff.

Date Remedy Implemented: February 25, 2025

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WRITTEN NOTIFICATION: Accommodation Services

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

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

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee failed to ensure that the home, furnishings were maintained in a safe condition and in a good state of repair. Throughout the home the Inspector observed two sofa table tops, six side/end tables, and the top of the fireplace unit to have worn finishes, exposing bare wood surfaces.

Sources: observations

WRITTEN NOTIFICATION: Powers of Residents' Council

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

Non-compliance with: FLTCA, 2021, s. 63 (1) 9. i.

Powers of Residents' Council

s. 63 (1) A Residents' Council of a long-term care home has the power to do any or all of the following:

9. Review,

i. inspection reports and summaries received under section 152,

The licensee has failed to ensure a copy of the inspection report was provided to Residents' Council. Interview with a staff member confirmed after reviewing the meeting minutes, the inspection reports were not reviewed.

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Sources: interview with a resident, interview with a staff member, and review of meeting minutes

WRITTEN NOTIFICATION: Powers of Residents' Council

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure that when Residents' Council advised the licensee of concerns or recommendations, the licensee shall respond to Residents' Council, in writing within 10 days of receiving the advice. Staff members confirmed the home had not provided a written response to Residents' Council after concerns were brought forward at monthly meetings.

Source: interview with a resident, interview with staff members, and review of Residents' Council Meeting Facilitation Policy.

WRITTEN NOTIFICATION: Powers of Family Council

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

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The licensee has failed to ensure Family Council received a written response within ten days of receiving a concern or recommendation from Family Council. A staff member confirmed it is the expectation for a written response to be documented. After review of the Family Council meeting minutes binder, there was no documentation to support a written response was provided to Family Council.

Sources: interview with staff members, and the Family Council meeting minutes binder

WRITTEN NOTIFICATION: Continance Care and Bowel Management

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

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

Continance care and bowel management

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

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

The licensee has failed to ensure that a resident, who was unable to toilet independently, received assistance from staff to manage and maintain continence. A resident's care records noted a resident was not assisted from staff when help was requested.

Sources: a residents clinical records, interview with staff members

COMPLIANCE ORDER CO #001 Training and orientation program

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

Non-compliance with: O. Reg. 246/22, s. 257 (1)

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Training and orientation program

s. 257 (1) Every licensee of a long-term care home shall ensure that a training and orientation program for the home is developed and implemented to provide the training and orientation required under sections 82 and 83 of the Act.

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

The Licensee shall:

- A. Develop an organized training program and implement a structured continuous education program for all staff related to required topics under sections 82 and 83 of the Act.
- B. Ensure all staff have completed the mandatory training as required, including a documented record of when the training and orientation has occurred, what training and orientation was provided and who provided the training and orientation.
- C. The Director of Quality and Innovation/Education Lead is to conduct quarterly audits in 2025 of the home's Orientation and Training Program monthly modules, and where deficiencies are noted and training is not 100 percent, create an action plan to ensure completion by the end of the calendar year.

Grounds

The licensee failed to ensure that a training and orientation program for the home was developed and implemented to provide the training and orientation required under sections 82 and 83 of the Act.

The home provided the education statistics for the home's annual required training for all staff for the year 2024.

The document showed that training had not been completed 100 percent for any of the annual required training identified and this was verified by a staff member.

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The document showed the following 2024 statistics noting the percentage of annual required training completed:

Abuse recognition and prevention 48 percent complete

Mental health issues, including caring for persons with dementia 48 percent complete

Behaviour management 29.5 percent complete

Palliative care 29 percent complete

Falls prevention and management. 45 percent complete

Skin and wound care. 23 percent complete

Continence care and bowel management. 29 percent complete

Pain management 35 percent complete

Restraints and Personal Assistive Safety Devices (PASDs) 38 percent complete

Infection Prevention and Control 47 percent complete

Fire prevention and safety 18 percent complete

Duty under section 28 to make Mandatory Reports 41 percent complete

The Residents' Bill of Rights 44.4 percent complete

Failure to ensure that the home's training program for required annual training was implemented for all staff, increases the risk to residents.

Sources: Home's Annual Training and Orientation Program Evaluation 2024, interview with staff, email related to home's 2024 Training statistics.

This order must be complied with by May 7, 2025

This compliance order is also considered a written notification and is being referred to the Director for further action by the Director.

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

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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 \$1100.00, 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.

Compliance History:

Training and orientation program

O. Reg. s. 257 (1) a compliance order was issued July 7/24 Workspace #2024-1474-0003

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

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(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.

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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.