

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: May 20, 2025

Inspection Number: 2025-1474-0003

Inspection Type:

Complaint
Critical Incident
Follow up

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): May 13, 14, 15, 16, 20, 2025

The inspection occurred offsite on the following date(s): May 14, 20, 2025

The following intake(s) were inspected:

- Intake: #00139718 - Follow-up #: 1 - Compliance Order (CO) #001/2024-1474-0007, O. Reg. 246/22 - s. 40, Transferring and positioning techniques , Compliance Due Date (CDD) April 25, 2025.
- Intake: #00139719 - Follow-up #: 2 - CO #002/2024-1474-0007, FLTCA, 2021 - s. 82 (4) annual retraining on safe and correct use of equipment, specifically mechanical lifts, CDD April 25, 2025.
- Intake: #00139720 - Follow-up #: 2 - CO #001 / 2024_1474_0004 and 2024_1474_0007 O. Reg. 246/22 - s. 102 (2) (b), IPAC, CDD 12/20/2024
- Intake: #00141501 - Critical Incident System Report #3046-000020-25 - Fall resulting in an injury.
- Intake: #00141691 - Follow-up #: 1 - O. Reg. 246/22 - s. 257 (1) CO #001 - Related to mandatory education. CDD May 7,25

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- Intake: #00143571 - Complaint related to laundry services, recreational services, housekeeping, plan of care r/t assessments, fall prevention and management.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1474-0007 related to O. Reg. 246/22, s. 40

Order #002 from Inspection #2024-1474-0007 related to FLTCA, 2021, s. 82 (4)

Order #001 from Inspection #2024-1474-0004 related to O. Reg. 246/22, s. 102 (2) (b)

Order #001 from Inspection #2025-1474-0001 related to O. Reg. 246/22, s. 257 (1)

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

Resident Care and Support Services
Infection Prevention and Control
Staffing, Training and Care Standards
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.

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care was updated when their care needs changed.

The resident was assessed by a physiotherapist who indicated that the resident's care needs had changed. Personal Support Worker (PSW) shared that the resident was no longer able to use specific equipment.

Record review indicated that the resident's plan of care listed an intervention to remind the resident to use specific equipment. Record review one day later showed the intervention was removed.

Sources:

A Resident's clinical record and interview with a PSW and the Falls Lead.

Date Remedy Implemented: May 15, 2025

WRITTEN NOTIFICATION: Falls prevention and management

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

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

Falls prevention and management

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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 has failed to ensure that a post-fall assessment was completed when a resident had a fall.

Sources: interview with a Registered Practical Nurse, interview with an Associate Director of Nursing Care, a resident's clinical record.

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Re-inspection fee related to Order #001 inspection #2024_1474_0004 with inspectors being unable to comply with inspection #2024_1474_0007.

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.