

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Public Report**

<b>Report Issue Date:</b> December 13, 2024
<b>Inspection Number:</b> 2024-1476-0007
<b>Inspection Type:</b> Complaint Critical Incident Follow up
<b>Licensee:</b> Schlegel Villages Inc.
<b>Long Term Care Home and City:</b> The Village at University Gates, Waterloo

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): November 19-22, 25-28, 2024

The following intake(s) were inspected:

- Intake: #00125545 related to a complaint regarding resident showers and wound care
- Intake: #00129636, Intake: #00132625 related to allegations of resident abuse
- Intake: #00130942 - Follow-up #: 1 - FLTCA, 2021 - s. 5, Safe and Secure Home, CDD November 15, 2024
- Intake: #00130951 related to a complaint regarding concerns about resident care
- Intake: #00132634 related to allegation of resident neglect

**Previously Issued Compliance Order(s)**

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

Order #001 from Inspection #2024-1476-0006 related to FLTCA, 2021, s. 5

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Reporting and Complaints

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Complaints procedure - licensee

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

**Non-compliance with: FLTCA, 2021, s. 26 (1) (c)**

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee failed to ensure that the Director was immediately forwarded written complaints concerning the care of residents.

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**Rationale and Summary**

A) Family of a resident forwarded a written complaint to the licensee concerning the care of the resident.

The Director of Nursing Care (DNC) acknowledged that the complaint was not forwarded to the Director.

By failing to immediately forward the written complaint regarding the care of a resident, the Director was unable to respond to the incident in a timely manner.

**Sources:** Written complaint, complaint response form, interview with DNC.

B) Staff members forwarded written complaints alleging abuse and neglect of residents to the licensee.

The Assistant General Manager (AGM) stated that the complaints had not been submitted to the Director.

By not ensuring the Director was notified of the written complaints, the Director was not alerted to potential resident abuse/neglect and delayed a response from the Director.

**Sources:** E-mail communication between complainants and licensee, Interviews with staff and AGM.

**COMPLIANCE ORDER CO #001 Duty to protect**

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

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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:

1. Provide education to all direct care staff working on the identified home area on approaches to care when a resident is resistive based on best practice. Review the identified resident's approaches to care as outlined on their current care plans. Document the education including the date, format and staff attending the training, including the staff member who provided the education, and include a copy of the content of the education for review. Document any revisions made to either resident's care plan as was deemed necessary based on reviewed approaches.
2. Provide education to all direct care staff on the identified home area on resident neglect, with examples, and when and who to report an allegation of resident neglect. A component of the training should include, a knowledge check (test) administered to identify staff with further training needs. Document the education including the date, any corrective action, format and attendance, including the staff member who provided the education.
3. Provide education to all staff working on the identified home area on the concept of teamwork and the impact to resident care. Document the education including the date, format and staff attending the training, including the staff member who provided the education, include a copy of the content of the education for review.

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**Grounds**

The licensee failed to protect residents from physical, emotional, verbal abuse and neglect by staff.

For the purpose of this Act and Regulation,

- a) "verbal abuse" means "any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident".
- b) "emotional abuse" means, any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident.
- c) "Physical abuse" means use of physical force by anyone other than a resident that causes physical injury or pain.
- d) "neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

**Rationale and Summary**

A critical incident related to a written complaint of alleged resident abuse was submitted to the Ministry of Long-Term Care. The complaint described conflict between staff that was impacting resident care.

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During interviews, staff stated they had sent complaints to the home's leadership team with allegations of resident abuse and neglect.

On one occasion, staff documented alleged incidents of staff-to-resident abuse and alerted a leadership team member.

On a second occasion, staff documented alleged neglect of a resident and alerted a leadership team member.

There were no investigative notes, staff interviews or resident assessments completed by the home related to these separate allegations.

By failing to protect residents from abuse by staff, the home's duty to protect residents was not fulfilled and residents were placed at increased risk of abuse and neglect.

**Sources:** Interviews with staff, Staff to leadership communications, Policy for Prevention of Abuse and Neglect Tab 04-06

**This order must be complied with by**

January 20, 2025

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**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**

## **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:**

FLTCA, s. 24 (1) - Duty to protect

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 Policy to promote zero tolerance**

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

**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.



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

1. Provide education to all leadership and management staff on the home's resident abuse and neglect investigation policies and the process. Focus education on an understanding of allegations of resident abuse in relation to commencing an investigation. A component of the training should include, a knowledge check (test) administered to identify staff with further training needs. Document the education including the date, any corrective action, format and attendance, including the staff member who provided the education. A copy of the education content should be made available for review.
2. Audit five resident abuse or neglect investigations that have been completed in the previous six months. Additionally, audit any new abuse or neglect investigations for the next 30 days from the report issuance date. These audits shall ensure that the home's policy for investigation of resident abuse or neglect has been followed. Document the date, time and who conducted the audits and any corrective action taken by the home as a result of the audits.

**Grounds**

The licensee has failed to ensure that the home's policy to promote zero tolerance of abuse was complied with for alleged abuse and neglect of multiple resident's when they were made aware.

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**Rationale and Summary**

The home did not comply with the licensee's policy for Prevention of Abuse and Neglect Tab 04-06, which referred to the policy for the Investigation Process for Suspected Abuse of a Resident by Team Member, Volunteer or Visitor Tab 04-06B.

In May 2024, staff emailed a leadership team member with allegations of resident abuse. These allegations included witnessed physical, emotional and verbal abuse of multiple residents by staff.

In June 2024, staff emailed a leadership team member with an allegation of resident neglect.

The home's leadership team member stated that the home's processes and policy related to investigating allegations of resident abuse and neglect were not followed.

The home's failure to follow their abuse policy for suspected abuse and neglect of residents led to a delay of resident assessment for potential impact, response and follow up by the licensee with those involved in the allegations, prevention of potential further abuse of residents, and police notification for potential investigation.

**Sources:** Interviews with staff and leadership team member, E-mail communications between staff and leadership, Policy-Investigation Process for Suspected Abuse of a Resident by Team Member, Volunteer or Visitor Tab 04-06B, Policy- Prevention of Abuse and Neglect Tab 04-06

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**This order must be complied with by**

January 20, 2025

**COMPLIANCE ORDER CO #003 Reporting certain matters to  
Director**

NC #004 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)]:**

The licensee shall:

1. Provide all leadership and management staff of the home with training related to the home's abuse policy, definitions of the types of resident abuse and neglect, with examples, the whistle blowing legislation and when and

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who to report an allegation of resident abuse. A component of the training should include, a knowledge check (test) administered to identify staff with further training needs. Document the education including the date, any corrective action, format and attendance, including the staff member who provided the education.

2. All members of the home's leadership and management team are to be educated on and review - Memo to the sector, August 18, 2023, Reporting Requirements Fact Sheet and Reference Sheet. Document the review and education provided including the date, format and attendance, including the staff member who provided the education.
3. Review and revise the home's abuse policy as needed to ensure that it aligns with the Reporting Requirements and reporting timelines as outlined in the August 18, 2023 memo.

**Grounds**

The licensee failed to report to the Director immediately when emotional, verbal and physical abuse, and neglect was alleged towards multiple residents from staff.

**Rationale and Summary**

The AGM received a complaint from staff related to allegations of resident abuse and neglect on a specified date in October 2024. The home did not immediately submit a critical incident to the Director.

During the inspection, staff interviews identified two additional communications that

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had been sent to leadership in May and June 2024 alleging resident abuse and neglect. These allegations had not been reported to the Director.

The AGM stated that these allegations of resident abuse and neglect had not been reported to the Director immediately and should have been.

When the home failed to report witnessed or suspected incidents of abuse, the residents was at risk of continued abuse by staff.

**Sources:** Interviews with staff, leadership team member and AGM, Written complaint to the home from staff members.

**This order must be complied with by**

January 20, 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

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**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)

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).