

**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

<b>Original Public Report</b>	
<b>Report Issue Date:</b> March 22, 2024	
<b>Inspection Number:</b> 2024-1401-0001	
<b>Inspection Type:</b> Complaint Critical Incident	
<b>Licensee:</b> Steeves & Rozema Enterprises Limited	
<b>Long Term Care Home and City:</b> Lanark Heights Long Term Care Centre, Kitchener	
<b>Lead Inspector</b> Diane Schilling (000736)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

<b>INSPECTION SUMMARY</b>
<p>The inspection occurred onsite on the following date(s): March 1, 4-8, 11-13, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Intake: #00106751 - related to an outbreak</li> <li>• Intake: #00108871 -a complaint related to alleged abuse</li> <li>• Intake: #00108882 – related to allegations of abuse</li> <li>• Intake: #00110022 – a complaint related to continence care and resident's rights</li> </ul>

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

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Contenance Care  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Residents' Rights and Choices

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Residents' Bill of Rights

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 2.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

2. Every resident has the right to have their lifestyle and choices respected.

The licensee failed to respect the resident's choice to open their window.

#### Rationale and Summary

Inspector #000736 observed the window in a resident's room were modified to remain shut.

The resident said that they would like their window open to provide fresh air but were told the window was unable to open.

Assistant Manager of Care (AMOC) #109 stated that the windows were modified to remain shut due to HVAC concerns.

The resident was not allowed the choice to have their window open when the window was modified to remain shut.

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**Sources:** observations and interviews with the resident and other staff  
[000736]

**WRITTEN NOTIFICATION: Reporting certain matters to Director**

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

**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 licensee failed to ensure that any suspicions of abuse of a resident was immediately reported to the Director.

In accordance with FLTCA, 2021, s. 154 (3), the licensee is vicariously liable for a staff member failing to comply with subsection 28 (1).

Pursuant to O. Reg. 246/22, s. 2. (1) (a), For the purposes of the definition of “abuse” in subsection 2 “sexual abuse” means, any consensual or non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation that is directed towards a resident by a licensee or staff member.

**Rationale and Summary**

Several staff members were aware of allegations of abuse but did not report this information to the Director as they did not think the comments were credible.

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Manager of Resident Care (MRC) said that if any staff members heard allegations of abuse they should have reported immediately.

When staff do not report allegations of abuse, the home and the Director are not able to respond and residents may remain at risk of harm.

**Sources:** The resident clinical record, interviews with BSO lead and others [000736]

## **WRITTEN NOTIFICATION: Continence care and bowel management**

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

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

Continence care and bowel management

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

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

The licensee failed to ensure that a resident who was incontinent received an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions.

### **Rationale and Summary**

A resident was incontinent. The continence tool assessment was not completed correctly and identified the resident as continent.

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AMRC #102 stated that residents who are incontinent should be assessed with the continence tool assessment to aid with determining the appropriate incontinence product to reduce risk of skin issues and promote dignity.

When staff do not complete the continence assessment tool correctly, residents may not be provided the correct products required for their incontinence.

**Sources:** The resident's clinical record, interviews with AMRC #102 and others [000736]

## **WRITTEN NOTIFICATION: Continence care and bowel management**

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

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

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,  
(h) residents are provided with a range of continence care products that,  
(i) are based on their individual assessed needs,

The licensee failed to ensure that the resident was provided with a range of continence care products that were based on their individual assessed needs,

### **Rationale and Summary**

A resident was occasionally incontinent and used their own products to manage their incontinence.

AMRC #102 stated that the LTCH does not provide a specific product for residents but will offer them an alternative based on a product assessment tool.

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There was no documentation of alternative incontinence products discussed or offered for resident #003.

Residents are at risk of using an incorrect product to manage their incontinence when they were not offered a range of incontinence products.

**Sources:** resident clinical record, interviews with AMRC #102 and others [000736]