

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

Report Issue Date: May 6, 2025

Inspection Number: 2025-1401-0001

Inspection Type:

Complaint
Critical Incident

Licensee: Steeves & Rozema Enterprises Limited

Long Term Care Home and City: Lanark Heights Long Term Care Centre,
Kitchener

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 23, 24, 25, 2025 and May 1 and 5, 2025

The inspection occurred offsite on the following date(s): May 2, 2025

The following intake(s) were inspected:

- Intake: #00142186 and #00144078 - related to a disease outbreak
- Intake: #00143380 - related to a complaint about resident care

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Responsive Behaviours

INSPECTION RESULTS

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WRITTEN NOTIFICATION: CMOH and MOH

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

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that recommendations issued by the Chief Medical Officer of Health were followed when expired hand sanitizer was found in the home.

In accordance with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (February 2025), Section 3.1, Alcohol-based hand rubs (ABHR) must not be expired. During inspectors observations on ABHR was found to be expired.

Sources: Inspector observations, Interview with staff.

COMPLIANCE ORDER CO #001 Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

2. A skin and wound care program to promote skin integrity, prevent the

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development of wounds and pressure injuries, and provide effective skin and wound care interventions.

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

The licensee shall:

-Review and revise the home's skin and wound program policy to align with the home's current skin and wound program practices. This review should be based on best practice standards for skin and wound care in long term care settings. The report can include but is not limited to processes for referral to the Skin and Wound Care Lead, identify the skin and wound assessment tool to be used by staff, and provide clear direction for staff related to digital photography of alterations of resident's skin.

-Provide education to a staff member on the use of the Audit Analysis Tool and action plan/quality improvement plan development. Document the education including the date, format, including the staff member who provided the education, and include a copy of the content of the education for review.

-Educate all registered staff on the reviewed and revised skin and wound program policy. Document the education, name of the staff, including the date, format, including the staff member who provided the education, and include a copy of the content of the education for review.

Grounds

The licensee has failed to comply with the home's skin and wound program when referrals were not being completed to notify the acting wound care lead of

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alterations to a resident's skin and worsening wounds, the skin and wound application with photography policy linked in the home's skin and wound program policy did not give clear direction for its use, action plans were not developed related to skin and wound care issues identified and the audit tool analysis was not completed when indicated. Quality meetings related to skin and wound were not being held.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for their skin and wound program were complied with.

A resident had a worsening alteration to their skin. Staff stated they had not received notification in order to pursue further treatment.

The Quality Skin and Wound minute template, documented no meeting had been held and that staff had not been completing the skin and wound application assessments. No action plan had been documented in the minute template.

Staff were unfamiliar with the Audit Analysis Tool. They stated skin and wound care audits were not being completed.

There was a missed opportunity to provide resident's with appropriate wound care when the home's policy was not followed.

Sources: resident record review, interviews with staff, Skin and Wound Program, Policy Number: RMC 10-06-01, Original Date: June 27, 2013, Revised Date: October 2, 2024, Clinical Digital Photography policy, revised May 20, 2022.

This order must be complied with by June 6, 2025

COMPLIANCE ORDER CO #002 Skin and wound care

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

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 Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 55 (2) (b) (iv) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

The licensee shall prepare, submit and implement a plan to ensure staff are following Regulation 246/22 s 55 (2) (b) (iv) skin and wound care and the home's policies related to weekly reassessment of altered skin integrity of a resident.

-The type of retraining involved, including who will be responsible for the retraining and when it will be completed.

- The person(s) responsible for monitoring that the policy is being complied with, the frequency of monitoring and how it will be documented.

-The person(s) responsible for implementing an action plan if monitoring demonstrates the policy is not complied with; and

-Actions to address sustainability once the home has been successful in ensuring compliance with this policy.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

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The licensee failed to ensure that residents had weekly wound assessments.

Missed weekly wound assessments could delay staff being aware of worsening wounds, ineffective treatment and signs of infection.

Sources: record review of residents and interviews with staff.

This order must be complied with by June 6, 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.