

**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:** July 30, 2025

**Inspection Number:** 2025-1401-0002

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**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 dates: July 15-18, 22-25, and 28-30, 2025

The following intakes were inspected:

- Follow-up #01 CO #001 from 2025\_1401\_0001, O. Reg. 246/22 s. 55 (2) (b) (iv), Skin and Wound program, CDD extension June 20, 2025
- Follow-up #01 CO #002 from 2025\_1401\_0001, O. Reg. 246/22 s. 53 (1) 2. Requirements of programs, CDD extension June 20, 2025
- Intake 00146877: Resident to resident altercation
- Three complaint intakes related to resident care concerns: 00148070, 00150979, and 0015154

## Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2025-1401-0001 related to O. Reg. 246/22, s. 55 (2) (b) (iv)

Order #001 from Inspection #2025-1401-0001 related to O. Reg. 246/22, s. 53 (1) 2.

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
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Residents' Rights and Choices
- Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (5)**

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and

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implementation of the resident's plan of care.

The licensee failed to ensure the substitute decision makers of a resident were given the opportunity to participate fully in the development and implementation of the resident's plan of care.

Sources: A resident's clinical records, interviews with staff, etc.

### **WRITTEN NOTIFICATION: Skin and wound care**

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)**

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,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The licensee failed to ensure a resident's wound was treated as ordered on a specified date.

Sources: A resident's clinical records, interviews with staff, etc.

### **WRITTEN NOTIFICATION: Skin and wound care**

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

Skin and wound care

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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 licensee failed to ensure a resident's sacral wound was assessed weekly as indicated.

Furthermore, the weekly assessments were not completed with assessment of the resident's pain, despite the resident expressing pain related to their wound.

Sources: A resident's clinical records, interviews with staff etc.

## **WRITTEN NOTIFICATION: Nutritional care and hydration programs**

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

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee failed to ensure the home's policy and procedures relevant to

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nutritional care and hydration were implemented for a resident by nursing staff.

In accordance with Ontario Regulation 246/22, s. 11(1)(b), the licensee was required to ensure written policies for the home's nutritional care and hydration program were complied with.

Sources: A resident's clinical records, Food and Fluid Tracking (Policy ID RCM 09-11, Last revised June 7, 2022), Weight Protocol Policy (Policy ID FSM 10-10, Last revised August 8, 2019), Skin and Wound Policy (Policy ID RCM 10-06-01, Last revised Oct 2, 2024)

## **WRITTEN NOTIFICATION: Weight changes**

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

**Non-compliance with: O. Reg. 246/22, s. 75 2.**

Weight changes

s. 75. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

2. A change of 7.5 per cent of body weight, or more, over three months.

The licensee failed to ensure a resident was assessed using an interdisciplinary approach, when they were identified to experience significant weight loss over three months.

Furthermore, concerns were identified with documentation of interventions implemented in response to the weight loss.

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Sources: A resident's clinical records, Oral Supplements Policy (Policy ID FSM 10-19, Last revised May 16, 2018,) interviews with staff etc.