Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: November 28, 2025

Inspection Number: 2025-1401-0004

Inspection Type:
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): November 13, 14, 18 - 21, 24 - 28, 2025

The following intake(s) were inspected:

Intakes: #00157400, 00160297, 00160334 ; 00162738: Related to suspected abuse of residents.

Intakes: #00157659, 00157975, 00158188: Related to fall of residents resulting in an injury.

Intakes: #00158842, 00161753: Related to suspected improper care of residents.

Intake: #00159942: Concerns related to care of a resident.

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

Medication Management
Prevention of Abuse and Neglect
Responsive Behaviours
Palliative Care
Falls Prevention and Management

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) 25.
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:
25. Every resident has the right to be provided with care and services based on a palliative care philosophy.

A resident did not receive end of life care as per palliative care philosophy.

Sources: Review of the resident's medical records, review of the home's internal investigation, interview with staff.

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) 1.
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:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

A suspected improper or incompetent care of a resident was not reported to the Director immediately.

Sources: review of critical incident, interview with staff.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

Two staff members did not follow safe transferring techniques while transferring a resident.

Sources: Observation, review of the resident's medical records, review of Lifts Transfers and Repositioning Policy, interview with staff.

WRITTEN NOTIFICATION: Medication management system

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (2)
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

A staff member did not ensure that the written policy pertaining to Medication Administration was complied with.

Source: Medication Administration Policy, observation , interview with staff.

COMPLIANCE ORDER CO #001 Duty to protect

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)
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 - Ensure that a staff member receives training on what actions to take in response to a critical incident.
2 - Provide staff present on a home area on a specific date, training on strategies to manage critical incidents.
3 - A record must be kept of the training, including the contents of the training, the

dates of the training, the name of the trainer, and the a sign-off from staff members who completed the training.

Grounds

A) Section 2 (c) of the Ontario Regulation 246/22 defines physical abuse as "the use of physical force by a resident that causes physical injury to another resident".
A resident had an altercation with another resident resulting in an injury.
Sources: Residents' clinical notes, interviews with staff.

B) For the purpose of this Act and Regulation, “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.”

A resident who was involved in a critical incident did not immediately receive care/comfort. It was later determined that the resident had sustained an injury and passed away.

Sources: Observation, review of the residents medical record , review of the home's policy and interview with staff.

This order must be complied with by December 30, 2025

COMPLIANCE ORDER CO #002 Plan of care

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The Licensee shall:
1 - Ensure two staff members review two residents' plan of care.
2 - Document the date and time of the review.
3 - Develop and implement an audit to ensure the residents' plans of care are implemented and followed as outlined in their plans. The audits should include who is conducting the audit, the date, documentation of observation and actions taken to address any non-compliance. Audit weekly until compliance is demonstrated for four weeks.
4 - Develop and provide education to two staff members on the procedure to obtain assistance. Document who provided the training, date and signatures of both staff members.

Grounds
A) A staff member did not follow the care set out in a resident's plan of care resulting in a critical incident and injury to the resident.
Source: Review of the residents medical records and interview with staff.
B) A staff member did not follow the care set out in a resident's plan of care during care.
Source: Review of the resident's medical records, and interviews with staff.

This order must be complied with by January 9, 2026

COMPLIANCE ORDER CO #003 Required programs

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
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:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
1 - Ensure that three staff members receive training on what actions to take when responding to a resident experiencing a fall and post fall assessment.
2 - A record must be kept of the training, including the contents of the training, the dates of the training, the name of the trainer, and the staff members who completed the training.
3 - Conduct a root cause analysis with the interdisciplinary team to examine the concerns identified in the falls of two residents, focusing on post fall assessments. Document the findings of the analysis, determine gaps in processes, and create and implement an action plan to address the gaps, including follow-up actions with staff, if required.
4 - Conduct one weekly audit of Post Fall Assessments in two home areas to ensure that post fall assessments including vital signs and range of motion assessments are completed as per the home's policy. Keep a written record of the completed audits, dates, person completing, and actions taken to correct any deficiencies. The auditing process must continue for 4 weeks or longer until compliance is achieved.

Grounds
The home's Fall Prevention and Management Program policy required staff to

complete certain assessments after a resident had experienced a fall.
Three staff members did not follow the home's policy conducting post fall assessments when two residents had experienced falls on different dates.
Sources: Review of medical records of two residents, interview with staff.

This order must be complied with by January 15, 2026

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

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:

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

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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

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.