

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: August 22, 2025

Inspection Number: 2025-1363-0004

Inspection Type:

Complaint
Critical Incident

Licensee: Steeves & Rozema Enterprises Limited

Long Term Care Home and City: Westmount Gardens Long Term Care Home,
London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 29, 30, 31, 2025 and August 1, 5, 6, 7, 11, 12, 20, 21, 22, 2025.

The following intake(s) were inspected:

- Intake: #00151912 was a complaint regarding meal service and the nutrition and hydration program.
- Intake: #00153870 was a complaint related to air conditioning, food production, and personal care.
- Intake: #00150573 / Critical Incident (CI) 2878-000052-25 was related to a resident fall.
- Intake: #00152420 / CI 2878-000060-25 was related to a resident fall.
- Intake: #00152469 / CI 2878-000061-25 was related to a resident fall.
- Intake: #00152952 / CI 2878-000063-25 was related to improper/incompetent treatment of a resident.

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Safe and Secure Home
Staffing, Training and Care Standards
Falls Prevention and 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 (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 licensee did not ensure that a resident's plan of care was followed which resulted in a fall with injury. One of the Personal Support Workers (PSWs) who had provided care to the resident, acknowledged that they forgot to apply the intervention from the resident's plan of care which resulted in the fall.

Sources: the resident's care plan, progress notes, and an interview with a PSW.

WRITTEN NOTIFICATION: Training

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

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Non-compliance with: FLTCA, 2021, s. 82 (4)

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

The licensee did not ensure that a PSW received their annual retraining in the areas mentioned in subsection (2). The PSW missed the annual training sessions for staff were completed and those orientation training modules required under subsection 82 (2) were not provided before end of year 2024.

Sources: Surge Learning training records, 2024 in-person training session sign off forms, interviews with the Educator/Quality Lead, and the home's Administrator.

WRITTEN NOTIFICATION: Bed Rails

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

Non-compliance with: O. Reg. 246/22, s. 18 (1) (a)

Bed rails

s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

The licensee has failed to ensure that a resident was assessed before a bed rail system was installed. The Long-term Care Home's Bed Entrapment Policy indicated that when bed rails were used, the resident would be assessed to ensure the safe and appropriate use, using a Bed Rails assessment in PointClickCare (PCC). There

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was no bed rail assessment found in PCC as confirmed by the Manager of Resident Care (MRC).

Sources: The resident's PCC records, Bed Entrapment Policy, and MRC interview.

WRITTEN NOTIFICATION: Compliance with manufacturers' instructions

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

Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The licensee did not ensure that PSW staff transferred a resident according to the manufacturer's instructions. As a result of not following those instructions, the resident had a fall and was injured.

Sources: The resident's progress notes, a PSW's disciplinary letter, Lifts and Transfers Policy (RCM 10-07-01, revised May 20, 2022), the manufacturer's instructions, and interviews with a PSW and the MRC.

WRITTEN NOTIFICATION: Required Programs

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

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

Required programs

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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 licensee has failed to comply with the home's Fall Prevention and Management Program, when a resident was moved prior to an assessment being completed by a registered nursing staff after the resident had fallen. The home's policy titled "Fall Prevention and Management program", directed team members not to move a resident who had fallen until an assessment was completed by a registered team member.

The Manager of Resident Care acknowledged that the resident should have been assessed post-fall by a registered team member prior to being moved as per the home's policy.

Sources: Review of Critical Incident System (CIS) 2878-000061-25, review of the home's policy titled "Fall Prevention and Management Program" (policy number RCM 10-02-01, revised June 18, 2025), the resident's clinical records, and interview with the MRC.

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care

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approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that fall interventions set out in a resident's plan of care were implemented. The resident had multiple falls prevention and management strategies and devices which were found not to be in place when they had a fall. These strategies and devices were also observed not to be in place during the inspection despite remaining in the resident's plan of care.

Sources: Critical Incident System report, the resident's care plan, the resident's progress notes, observation of the resident in bed, and staff interviews.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #007 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

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 has failed to ensure that a resident's skin concerns were reassessed at least weekly. A review of progress notes and the skin and wound tab in PCC, showed that there were multiple time periods when the resident did not receive the weekly reassessment which was also confirmed by the home's Skin and Wound Lead.

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Sources: The resident's progress notes, the resident's Skin and Wound Tab in PCC, and an interview with the Skin and Wound Lead.

WRITTEN NOTIFICATION: Additional training — direct care staff

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 261 (2) 1.

Additional training — direct care staff

s. 261 (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 82 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 82 (7) of the Act.

The licensee did not ensure that a PSW who provided direct care to residents received the training provided for in subsection 82 (7) of the Act. Per the home's Administrator, the PSW was away when the annual training sessions for direct care staff were completed. The additional training modules which were required for direct care staff, including PSWs, were not provided when the staff member returned before end of year 2024.

Sources: Surge Learning training records, 2024 in-person training session sign off forms, interviews with the Educator/Quality Lead, and the home's Administrator.