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

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: April 7, 2026
Original Report Issue Date: April 1, 2026
Inspection Number: 2026-1363-0003 (A1)
Inspection Type: Complaint Critical Incident
Licensee: Steeves & Rozema Enterprises Limited
Long Term Care Home and City: Westmount Gardens Long Term Care Home, London

AMENDED INSPECTION SUMMARY

This report has been amended to:
Compliance Order (CO) #003 was amended to be issued as a Written Notification (WN). The WN #009 is being newly issued in this Amended Inspection Report, with a served date of April 7, 2026.

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

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

Amended Public Report (A1)

Amended Report Issue Date: April 7, 2026

Original Report Issue Date: April 1, 2026

Inspection Number: 2026-1363-0003 (A1)

Inspection Type:
Complaint
Critical Incident

Licensee: Steeves & Rozema Enterprises Limited

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

AMENDED INSPECTION SUMMARY

This report has been amended to:
Compliance Order (CO) #003 was amended to be issued as a Written Notification (WN). The WN #009 is being newly issued in this Amended Inspection Report, with a served date of April 7, 2026.

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 10-13, 16-20, and 24-26, and April 1, 2026.

The following intakes were inspected:

-Intake: #00165150 - Critical Incident (CI) #2878-000084-25 related to a fall

-Intake: #00166912 - CI #2878-000001-26 related to a fall

-Intake: #00168203 - A complaint related to care of a resident

-Intake: #00169198 - A complaint related to care of multiple residents

-Intake: #00174087 - A complaint related to care of a resident

-Intake: #00174264 - CI #2878-000015-26 related to a written complaint regarding care of a resident

-Intake: #00163852 - A complaint related to care of a resident

-Intake #00167881 - CI #2878-000002-26 related to a written complaint regarding care of a resident

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

Resident Care and Support Services
Food, Nutrition and Hydration
Prevention of Abuse and Neglect
Falls Prevention and Management

AMENDED 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 (4) (b)
Plan of care
s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

Staff did not collaborate with each other to ensure a resident's plan of care was integrated when an interdisciplinary assessment of the resident was not communicated with the resident's care team for a period of time.

Sources: record review of a resident's health care records, and interviews with staff.

WRITTEN NOTIFICATION: Involvement of resident, etc.

NC #002 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 implementation of the resident's plan of care.

A resident's substitute decision maker (SDM) was not provided with an opportunity to participate in the resident's plan of care when there was a change in the resident's condition.

Sources: record review of a resident's health care records, and interviews with a resident, a resident's family, and staff.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #003 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.

A resident sustained a fall after their falls prevention and management plan of care was not followed as specified in the plan.

Sources: observations within the home, record review of a resident's health care records, and interviews with a resident, the resident's family, and staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #004 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.

A suspicion of abuse of a resident was not immediately reported to the Director.

Sources: record review of Critical Incident report #2878-000015-26, a resident's health care records, and interviews with staff.

WRITTEN NOTIFICATION: Administration of drugs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (3) (b) (ii)
Administration of drugs
s. 140 (3) Subject to subsections (4) and (6), the licensee shall ensure that no person administers a drug to a resident in the home unless,
(b) where the administration does not involve the performance of a controlled act under subsection 27 (2) of the Regulated Health Professions Act, 1991, the person is,
(ii) a personal support worker who has received training in the administration of drugs in accordance with written policies and protocols developed under subsection 123 (2), who, in the reasonable opinion of the licensee, has the appropriate skills, knowledge and experience to administer drugs in a long-term care home, who has been assigned to perform the administration by a member of the registered nursing staff of the long-term care home and is under the supervision of that member in accordance with any practice standards and guidelines issued by the College of Nurses of Ontario, and who,
(A) meets the requirements set out in subsection 52 (1) or who is described in subsection 52 (2), or
(B) is an internationally trained nurse who is working as a personal support worker.

A resident was receiving treatment with medicated creams by personal support workers who had not been trained in accordance with written policies and procedures developed for the the home's medication management system.

Sources: observations with the home, record review of a resident's health care records and the home's medication management system policies, and interviews with a resident, a resident's family, and staff.

COMPLIANCE ORDER CO #001 Plan of care

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 13.
Plan of care
s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
13. Nutritional status, including height, weight and any risks relating to nutritional care.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Complete an interdisciplinary assessment of a resident's nutritional risk. This interdisciplinary assessment must include a Registered Dietitian (RD) who is a member of the staff of the home and must be documented within the resident's electronic health care record.
B) Review and revise a resident's plan of care to 1) reflect the results of the assessment outlined in Part A of this order, 2) specify the actions staff are to take in a circumstance when the resident's nutrition is at risk, and 3) identify whether direct or indirect supervision is required of the resident when they are eating or drinking.
C) Communicate any updates to the resident's plan of care regarding meals to any direct care staff who provide care to the resident. Keep a documented record of this communication in the home until this order is complied.
D) In collaboration with the RD who was a part of the assessment in part A of this

order, update a dietary policy to include: 1) how resident preference is respected, and 2) when a dietary intervention could be considered for an individual resident.

Grounds

The licensee did not ensure a resident's plan of care was based on an interdisciplinary assessment of the resident's nutritional status and risks. The resident's plan of care stated a dietary preference, but multiple staff reported this preference was rarely followed related to one of the home's policies, which increased the resident's nutritional risk.

The home's failure to assess the resident's nutritional risk disregarded the resident's dietary preferences and contributed to the resident's continued high nutritional risk.

Sources: observations of a resident, record review of a resident's health care records and one of the home's dietary policies, and interviews with a resident and staff.

This order must be complied with by May 1, 2026

COMPLIANCE ORDER CO #002 Plan of care

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 18.
Plan of care
s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
18. Special treatments and interventions.

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

A) Ensure a resident's plan of care related to a special treatment is based on an interdisciplinary assessment of the resident.

B) Review and revise a resident's special treatment plan of care to provide clear direction for staff on the specifications of the treatment.

C) Ensure that any updates to the plan of care for the resident in part B of this order are communicated to direct care staff. A documented record of this communication is to be kept within the home.

D) Review and revise, as necessary, the home's policies related the special treatment and the current medical directives for all residents to ensure alignment. Records of this review and any revisions must be maintained by the home until this order is complied.

E) After completing part D of this order, retrain all registered nursing staff on the updates to ensure the prevailing practice within the home corresponds with these documents. A written record of the retraining, including training content, attendee names, and training dates, must be maintained by the home until this order is complied.

F) Create and implement a written process to ensure an interdisciplinary referral dates, assessment dates, and recommendations are tracked for every resident currently receiving the special treatment.

G) Offer a resident's substituted decision maker an interdisciplinary care conference to review the special treatment plan of care in place for the resident at the time of the conference based on parts A and B of this order. The offering of the conference, and the conference details if accepted by the resident's SDM, must be documented in the resident's electronic health record.

Grounds

A resident's plan of care was not based on an interdisciplinary assessment of the resident's special treatment needs. The resident required the special treatment on multiple occasions, but staff did not follow the home's policies to ensure the resident was assessed for the special treatment. Furthermore, clear direction for the use of the special treatment was not added to the resident's plan of care.

The lack of assessment and clear direction of the special treatment caused a negative health outcome for the resident on multiples occasions. The reduced clarity within the home about how the use of the special treatment created a potential safety issue for the resident and any other resident who may require the special treatment.

Sources: observations of a resident, record review of CI #2878-000002-26 and CI #2878-000015-26, two written complaints regarding the care of a resident, a resident's health care records, and one of the home's policies, and interviews with a resident, the resident's SDM, and staff.

This order must be complied with by May 29, 2026

(A1)
The following non-compliance(s) has been newly issued: NC #009

WRITTEN NOTIFICATION: Plan of care

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident

Multiple residents did not have clear direction in their written plans of care regarding numerous care needs.

Sources: observations of multiple residents, record review of multiple residents' health care records, and the home's policies, and interviews with residents, a resident's family, and staff.

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

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
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.