

**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:** April 9, 2025

**Inspection Number:** 2025-1509-0002

**Inspection Type:**

Critical Incident

**Licensee:** Saint Luke's Place

**Long Term Care Home and City:** Saint Luke's Place, Cambridge

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 7-9, 2025

The following intake was inspected:

- Intake: #00139311 related to falls prevention and management.

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

Continence Care

Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

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NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care was reviewed and revised when the resident's continence status changed and the current plan was no longer necessary.

On April 9, 2025, the plan of care was updated with the resident's correct continence status to reflect their current care needs.

**Sources:** resident's care plan, Minimum Data Set (MDS) 2.0 Assessment, interview with the Director of Care (DOC).

Date Remedy Implemented: April 9, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)**

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,  
(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee has failed to ensure that a resident who was incontinent, had an individualized plan, as part of their plan of care, to promote and manage bowel and

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bladder continence based on their assessment. According to their most recent MDS assessment, the resident was considered incontinent, and they required to be on a toileting schedule to meet their continence care needs.

On April 9, 2025, the plan of care was updated to ensure that the resident's continence care needs and interventions were specified.

**Sources:** resident's care plan, MDS 2.0 Assessment, interviews with the DOC and other staff.

Date Remedy Implemented: April 9, 2025