

**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:** September 3, 2025

**Inspection Number:** 2025-1509-0005

**Inspection Type:**

Critical Incident  
Follow up

**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): August 19-20, 22, 25-29, and September 2, 2025

The following intake(s) were inspected:

- Intake: #00148093 - Alleged abuse of a resident by staff.
- Intake: #00151731 - Follow-up #: 1 CO #001/2025\_1509\_0004 - FLTCA, 2021 - s. 24 (1) Duty to Protect.
- Intake: #00151732 - Follow-up #: 1 CO #001/2025\_1509\_0004 - FLTCA, 2021 - s. 25 (1) Policy to Promote Zero Tolerance.
- Intake: #00153237 - Alleged abuse of a resident by staff.
- Intake: #00153343 - Unwitnessed fall of a resident.

**Previously Issued Compliance Order(s)**

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

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Order #002 from Inspection #2025-1509-0004 related to FLTCA, 2021, s. 25 (1)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2025-1509-0004 related to FLTCA, 2021, s. 24 (1)

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

Prevention of Abuse and Neglect  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #001 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.

The licensee has failed to ensure that staff immediately reported a suspicion of abuse of a resident.

In according to FLTCA s. 154 (3), the licensee is vicariously liable when a staff

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member failed to comply with subsection 28 (1) 2.

An incident involving alleged abuse of a resident by staff occurred, and was not reported to the Director until the following day.

**Sources:** Critical Incident report, home's investigation notes, resident's clinical records, and staff interview.

## **WRITTEN NOTIFICATION: Conditions of licence**

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

**Non-compliance with: FLTCA, 2021, s. 104 (4)**

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with Compliance Order (CO) #001 from inspection #2025-1509-0004 served on July 3, 2025, with an action plan due date of July 17, 2025 and a compliance due date (CDD) of August 15, 2025.

Part one of CO #001 required the home to implement the written plan for achieving compliance with Ontario Regulation 246/22, specific to resident trust accounts and parameters related to the resident cashbox. The home's current processes related to Part one, subsections c) through e) were not included and/or updated in the policies and procedures related to resident trust accounts.

Part two of CO #001 required the home to implement the written plan to ensure that the processes related to accurate accounting of contents of the resident cashbox for reconciliation purposes were accurately reflected in the policies and

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procedures. The Trust Fund Procedure was last revised in July 2025 and showed the incorrect frequency of the reconciliation process.

Part three of CO #001 required the home to implement a written plan to ensure that detailed records were maintained of the revisions made by the home related to any policies and procedures concerning resident trust accounts, including when and who implemented the changes. The home did not maintain a record that tracked revisions made to the policies and procedures related to resident trust accounts.

Part four of CO #001 required the home to implement a written plan to identify which staff required education on any revised policy or procedure concerning resident trust accounts. Education records including the content, the date(s) of the education, who provided the education, and staff attendance were to be maintained. All finance and business office staff, including the Administrator were to receive education on any revised policy and procedure.

There was moderate risk when the home failed to comply with all parts of CO #001 to ensure that the policies and procedures related to resident trust accounts were reviewed, revised, and updated by the CDD. Not maintaining a detailed documentation of the revisions made to the policies and not ensuring that all business staff, including the Administrator received training, increased the likelihood that misuse and misappropriation of resident funds could occur.

**Sources:** Observation of safe contents, Finance Safe Policy, Trust Fund Procedure, training records, interviews with staff.

**An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

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The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Written Notification NC #002**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

**Compliance History:**

N/A

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

**WRITTEN NOTIFICATION: Transferring and positioning techniques**

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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.

The licensee has failed to ensure that staff used safe transferring techniques when assisting a resident. The resident was not transferred in accordance with their care plan.

**Sources:** Interviews with staff, resident's clinical records, critical incident report, the home's internal investigation notes and lift/transfer policy.