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
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Public Report

Report Issue Date: December 9, 2025

Inspection Number: 2025-1509-0007

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 dates: November 27, 2025 and December 1-4 and 9, 2025

The inspection occurred offsite on the following date: November 28, 2025

The following intakes were inspected:
-Intake #00159326 - Prevention of abuse and neglect
-Intake #00159768 - Disease outbreak

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The home's zero tolerance of abuse and neglect policy indicated that upon awareness of any alleged or actual incidents of abuse or neglect, residents were to be assessed by the registered staff. A resident was not assessed until two days later after a witnessed incident of abuse occurred as per the home's policy.

Sources: Critical incident (CI) report, assessments and progress notes, Zero Tolerance of Abuse and Neglect Policy #A-F-06 (last reviewed September 4, 2025) and interviews 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) 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 witnessed incident of staff to resident verbal and physical abuse occurred and was not immediately reported to the Director until the following day.

Sources: CI report and interviews with the Director of Care (DOC) and other staff.

WRITTEN NOTIFICATION: Responsive behaviours

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.
Responsive behaviours
s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

A resident did not have written strategies, techniques or interventions on how to manage their verbal and physical responsive behaviours included in their plan of care.

Sources: CI report, a resident's care plan, interviews with the Behavioural Supports of Ontario (BSO) Lead and other staff.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

Part A) In accordance with the Additional Requirement 5.6 under the Infection Prevention and Control (IPAC) Standard, revised in September 2023, the home's IPAC policies and procedures were not updated to reflect the determined frequency of surface cleaning and disinfection using a risk stratification approach. Therefore, the licensee was unable to ensure that surfaces were cleaned at the required frequency during a COVID-19 disease outbreak.

Part B) In accordance with the Additional Requirement 9.1 under the IPAC Standard, additional precautions were not followed when staff failed to appropriately don all of the required personal protective equipment (PPE) for two residents when they were under isolation protocols.

Sources: Observations, IPAC Standard (Revised September 2023), CI report, Routine Health Care Cleaning Practices Policy #E-070 (last reviewed April 2024), Cleaning and Disinfection When Residents are on Additional Precautions Policy #E-077 (last reviewed April 2024), Droplet Contact Precautions Policy #I-D-006 (last reviewed February 2022), residents' clinical records, interviews with the IPAC Lead and other staff.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

A resident with respiratory symptoms that indicated the presence of an infection was not monitored or assessed for two days while the unit was in a disease outbreak.

Sources: CI report, IPAC Standard (Revised September 2023), progress notes and assessment records, interview with the IPAC Lead and other staff.