

**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 10, 2025

**Inspection Number:** 2025-1410-0002

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** Steeves & Rozema Enterprises Limited

**Long Term Care Home and City:** St. Andrew's Terrace Long Term Care  
Community, Cambridge

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 25-28, 31, and April 1-4, and 7-9, 2025

The inspection occurred offsite on the following date: April 10, 2025

The following intakes were inspected:

- Intake: #00138920, intake #00141280, and intake #00141925, related to improper care of residents
- Intake #00138947, related to alleged neglect of residents
- Intake #00139099, Follow-up to Compliance Order (CO) #001, related to abuse
- Intake #00139575, and intake #00141139, related to respiratory outbreaks
- Intake #00139946, related to unexpected death of a resident
- Intake #00141959, related to alleged neglect of a resident

The following intakes were completed during this inspection:

- Intake #00123232, and intake #00141744, related to falls prevention and management

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## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1410-0001 related to FLTCA, 2021, s. 24 (1)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Continence Care
- Medication Management
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Reporting and Complaints
- 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.

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

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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).

A) The licensee has failed to ensure that the additional screening requirement under section 11.6 of the Infection Prevention and Control (IPAC) Standard issued by the Director was followed, when signage that listed the signs and symptoms of infectious diseases for self-monitoring was not posted at the entrances and throughout the home.

On March 31, 2025, the required signage was posted at all entrances and throughout the home, in addition to the home's main entrance.

**Sources:** Long-Term Care Homes Inspector's observations, IPAC Standard (2023) and an interview with the IPAC Lead.

B) The licensee has failed to ensure that the additional requirement under section 5.6 of the IPAC Standard issued by the Director was followed, when the home's policy related to environmental cleaning and disinfection did not include procedures in place to determine the frequency of surface cleaning and disinfection using a risk stratification approach.

On April 1, 2025, the home's policy was revised to include the required information.

**Sources:** IPAC Standard (2023), Cleaning and Disinfection Schedule policy, and an interview with staff.

Date Remedy Implemented: April 1, 2025

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

**Non-compliance with: O. Reg. 246/22, s. 108 (2)**

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Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

The licensee has failed to ensure that a documented record of a verbal complaint related to a resident's care was kept at the home.

On April 7, 2025, the Manager of Resident Care (MRC) provided the above complaint record to the Long-Term Care Homes (LTCH) inspector.

**Sources:** a resident's progress notes, the home's complaints record and interviews with the MRC.

Date Remedy Implemented: April 7, 2025

**WRITTEN NOTIFICATION: Integration of assessments, care**

NC #003 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

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aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that staff involved in the different aspects of a resident's care collaborated with each other in the development and implementation of the plan of care related to a resident's recurrent medical condition. Over a one-month period, nursing staff did not consistently implement the physician's recommendations and there were delays in notifying the physician and the physiotherapist when the resident needed further assessment.

**Sources:** a resident's clinical records and interviews with a Personal Support Worker (PSW), a Registered Practical Nurse (RPN), a Resident Care Coordinator (RCC), and the MRC

**WRITTEN NOTIFICATION: Involvement of resident, etc.**

NC #004 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.

The licensee has failed to ensure that a resident's Substitute Decision-Maker (SDM) was given an opportunity to fully participate in the development and implementation of the resident's plan of care. Specifically, when the resident had change in their condition, there were delays in notifying their SDM about actions taken and the overall changes in the resident's condition.

**Sources:** a resident's clinical records, and an interview with an RCC.

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**WRITTEN NOTIFICATION: Duty of licensee to comply with plan**

NC #005 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 failed to ensure that the care set out in the plan of care for two residents was provided as specified in their plan, when a PSW provided the residents with a different level of assistance than indicated in their plan of care.

**Sources:** two residents' clinical records, and interviews with a PSW and the MRC.

**WRITTEN NOTIFICATION: Plan of care**

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

**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 was reassessed and their plan of care related to falls prevention and management was reviewed and revised following multiple fall incidents.

**Sources:** a resident's clinical records, and interviews with staff.

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## WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 28 (1) 1.**

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:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that an incident of improper care of a resident that put them at risk of harm, was immediately reported to the Director, preventing the Director from responding to the incident in a timely manner.

**Sources:** a critical incident report, the home's investigation notes, Long-Term Care Homes (LTCH) after-hours report, and interviews with staff

## WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #008 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.

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The licensee failed to ensure that when a staff who had reasonable grounds to suspect that neglect of two residents occurred, they immediately reported the suspicion and the information upon which it was based to the Director.

**Sources:** critical incident report, and interviews with PSWs and the MRC.

## **WRITTEN NOTIFICATION: Bathing**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 37 (1)**

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that a resident was bathed by the method of their choice on multiple occasions over a one-month period.

**Sources:** a resident's clinical records, and interviews with a resident, an RCC and the MRC.

## **WRITTEN NOTIFICATION: Transferring and positioning techniques**

NC #010 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.



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A) The licensee has failed to ensure that a PSW used safe techniques when they assisted a resident with a transfer, placing the resident at risk of harm.

**Sources:** a resident's clinical records, the home's Lift Transfer Policy, a critical incident report, the home's investigation notes, and interviews with staff

B) The licensee failed to ensure that staff used safe transferring and positioning techniques when assisting a resident with care, resulting in injuries to the resident.

**Sources:** resident's clinical records, a critical incident report, the home's investigation notes, and interviews with staff.

## WRITTEN NOTIFICATION: Skin and wound care

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)

(ii) upon any return of the resident from hospital, and

The licensee has failed to ensure that a resident who was at risk for altered skin integrity received a skin assessment by a member of the registered nursing staff upon their return from the hospital.

**Sources:** resident's clinical records, and an interview with the MRC.

## WRITTEN NOTIFICATION: Skin and wound care

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NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)**

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,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that when a resident was noted with skin concerns, a skin assessment was completed.

**Sources:** a resident's clinical records, and interviews with an RPN, and the MRC.

**WRITTEN NOTIFICATION: Skin and wound care**

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)**

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,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The licensee has failed to ensure that a resident received immediate interventions to reduce or relieve pain, promote healing and prevent infection related to their area of skin concerns.

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**Sources:** a resident's clinical records and interviews with an RPN and the MRC.

## **WRITTEN NOTIFICATION: Continence care and bowel management**

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**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 to promote and manage their bladder and bowel continence. The resident's continence assessment was incomplete, and their care plan did not include interventions to promote bladder and bowel continence.

**Sources:** a resident's clinical records, and interviews with a PSW, RCC and the MRC.

## **WRITTEN NOTIFICATION: Nutritional care and hydration programs**

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(c) the implementation of interventions to mitigate and manage those risks;

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The licensee has failed to ensure that an intervention to manage the risks related to hydration concerns were implemented for a resident.

In accordance with O. Reg 246/22 s.11. (1) b, the licensee is required to implement interventions to mitigate and manage the risks related to hydration services. Specifically, staff did not implement a required intervention to mitigate a resident's risk related to fluid intake as specified in the home's hydration policy.

**Sources:** a resident's clinical records, the home's Hydration policy and interviews with the Nutrition Manager and the Registered Dietician.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

NC #016 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).

The licensee has failed to ensure that the additional surveillance requirement under section 3.1 (i) of the IPAC Standard was followed for a resident regarding the implementation of appropriate actions to manage the resident's symptoms.

**Sources:** a resident's clinical records and interviews with the IPAC Lead and the MRC.

## **WRITTEN NOTIFICATION: Infection prevention and control**

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## program

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure that when a resident was noted with symptoms of an infection, isolation precautions were immediately initiated.

**Sources:** a resident's clinical records, and interviews with the IPAC Lead and an RCC.

## WRITTEN NOTIFICATION: Dealing with complaints

NC #018 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.**

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The licensee has failed to ensure that a response was provided to the person who

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made a complaint regarding a resident's care.

**Sources:** a complaint record, and interviews with an RCC.

## WRITTEN NOTIFICATION: Dealing with complaints

NC #019 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.**

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,  
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure that the response to the person who made a complaint related to a resident's care included the Ministry's toll-free telephone number for making complaints about homes and its hours of service as well as the contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

**Sources:** a complaint record and an interview with the MRC.

## WRITTEN NOTIFICATION: Reports re critical incidents

NC #020 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 115 (1) 2.**

Reports re critical incidents

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s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

2. An unexpected or sudden death, including a death resulting from an accident or suicide.

The licensee has failed to ensure that the Director was immediately informed of a resident's unexpected death, preventing the Director from immediately responding to the incident if required.

**Sources:** a resident's clinical records, a critical incident report, and an interview with the MRC

## WRITTEN NOTIFICATION: Reports re critical incidents

NC #021 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.**

Reports re critical incidents

s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The licensee has failed to ensure that the Director was immediately informed of a respiratory outbreak declared by the Public Health.

**Sources:** a critical incident report, outbreak line listing, and interview with the IPAC

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Lead.

## WRITTEN NOTIFICATION: Medication management system

NC #022 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)**

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee failed to ensure that the home's Drug Administration: High Alert Medications policy was implemented for a resident when on multiple occasions, one of a resident's high alert medications was not administered as specified in the home's policy.

**Sources:** a resident's clinical records, Drug Administration: High Alert Medications policy, and interviews with a Registered Nurse (RN) and the MRC.