

**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:** January 14, 2026

**Inspection Number:** 2026-1410-0001

**Inspection Type:**

Critical Incident

**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 date(s): January 6-9 and 13-14, 2026

The inspection occurred offsite on the following date(s): January 12, 2026

The following intake(s) were inspected:

- Intake: #00163953: Alleged resident to resident abuse
- Intake: #00164433: Fall of a resident resulting in injury

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

- Prevention of Abuse and Neglect
- Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Licensee must investigate, respond and act

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 27 (2)**

Licensee must investigate, respond and act

s. 27 (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

The result of the licensee's investigation related to an alleged incident of abuse was not reported to the Director.

**Sources:** Critical Incident report and interview with the Assistant Manager of Resident Care (AMRC).

### WRITTEN NOTIFICATION: Notification re incidents

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

**Non-compliance with: O. Reg. 246/22, s. 104 (2)**

Notification re incidents

s. 104 (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation.

A resident's Substitute Decision Maker (SDM) was not notified of the results of the investigation undertaken on an alleged incident of abuse.

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**Sources:** Long-term Care Home's Investigation records, interviews with the SDM and AMRC

## **COMPLIANCE ORDER CO #001 Falls prevention and management**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

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

The licensee shall:

- 1) Provide training to all registered staff who work on an specified home area on the home's falls prevention and management program. This must include the head injury routine (HIR) protocol, requirements for thorough documentation and completion of the HIR, and completing progress notes as per the specified times.
- 2) Maintain a written record of the training provided in 1), the name(s) of the person(s) who provided the training, the date(s) and time(s) the training occurred, the signatures of staff members who completed the training, and the content of the training provided.

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3) Complete a weekly audit of all HIRs that are initiated for residents on a specified home area to ensure they are completed per the head injury protocol. This audit must be completed for a minimum of four weeks.

4) Maintain a written record of the date(s) and time(s) of the audit in 3), the name(s) of the person(s) who completed the audits, the outcome of the audits, and any corrective actions taken.

**Grounds**

a) Fall interventions set out in a resident's care plan were not followed at the time of their fall. As a result, the resident sustained an injury and required additional medical attention.

b) The home's falls prevention and management policy, which included the Head Injury Routine (HIR), indicated the following:

- staff were to initiate a HIR when a resident had an unwitnessed fall, with assessments of the resident at specified time intervals; and
- progress notes were required to be completed each shift for the first 24 hours summarizing the resident's condition as a result of the fall

The home did not comply with their falls prevention and management program when a resident had incomplete documentation per the HIR. The Manager of Resident Care (MRC) acknowledged the home's process for falls were not followed and the home did not comply with post-fall monitoring and the documentation of the HIR.

The resident's injuries were not identified until the morning following the fall.

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Decreased staff assessments, monitoring, and documentation as per the HIR, increased the risk of staff not identifying changes in the resident's health status sooner and heightened the risk for continued falls and injury.

Sources: The home's Falls Prevention and Management Program (last revised June 18, 2025); resident's clinical records, interview with MRC

**This order must be complied with by** March 26, 2026

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## 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).