



**Ministry of Health and  
Long-Term Care**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 10, 2014	2014_259520_0001	L-001037-13	Critical Incident System

**Licensee/Titulaire de permis**

**STEEVES & ROZEMA ENTERPRISES LIMITED  
265 NORTH FRONT STREET, SUITE 200, SARNIA, ON, N7T-7X1**

**Long-Term Care Home/Foyer de soins de longue durée**

**ST ANDREW'S TERRACE LONG TERM CARE COMMUNITY  
255 St. Andrew's Street, CAMBRIDGE, ON, N1S-1P1**

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs  
SALLY ASHBY (520)**

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): January 3 and January 8, 2014**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care Manager of Resident Care, 1 Registered Practical Nurse, 2 Personal Support Workers, 1 Resident, 1 Family Member.**

**During the course of the inspection, the inspector(s) observed resident and staff, toured resident home area, reviewed resident's clinical records, internal investigative reports and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Prevention of Abuse, Neglect and Retaliation**

**Findings of Non-Compliance were found during this inspection.**



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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

**Legend**

WN – Written Notification

VPC – Voluntary Plan of Correction

DR – Director Referral

CO – Compliance Order

WAO – Work and Activity Order

**Legendé**

WN – Avis écrit

VPC – Plan de redressement volontaire

DR – Aiguillage au directeur

CO – Ordre de conformité

WAO – Ordres : travaux et activités

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s.  
20. Policy to promote zero tolerance**

**Specifically failed to comply with the following:**

**s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, 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. 2007, c. 8, s. 20 (1).**

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**Findings/Faits saillants :**

1. The Licensee has failed to ensure that the policy related to reporting suspected abuse was complied with as evidenced by:

A)Review of S & R Nursing Homes Ltd. policy on Whistle Blowing and Mandatory Reporting May 2011, states that any team member who is aware of or suspects abuse of a resident by anyone must report it as soon as possible in accordance with the reporting procedures in this policy.

B)Interviews with Management revealed that a staff member had failed to report the suspected abuse and confirmed that the policy was not complied with. [s. 20. (1)]

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**Issued on this 10th day of January, 2014**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**