



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

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

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

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 6, 2017	2017_538144_0051	021096-17	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

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

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

LANARK HEIGHTS LONG TERM CARE CENTRE  
46 LANARK CRESCENT KITCHENER ON N2N 2Z8

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

CAROLEE MILLINER (144), ADAM CANN (634), ALI NASSER (523), JANETM EVANS (659), SHERRI COOK (633)

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

**The purpose of this inspection was to conduct a Resident Quality Inspection.**

**This inspection was conducted on the following date(s): November 27, 28, 29, 30 and December 1, 2017.**

**The following intakes were completed within the RQI:**

- 028606-16 Follow-up related to use of assistive aids and positioning aids throughout the home.**
- 004124-17, IL-49490-LO complaint related to Residents' Bill of Rights, plan of care and prevention of abuse and neglect.**



- 005152-17, IL-49707-LO complaint related to prevention of abuse and neglect.
- 022200-17, IL-52980-LO complaint related to falls prevention and management.
- 000134-17, IL-48673-LO complaint related to resident's drug regimes and duty to protect.
- 022401-17, IL-53029-LO complaint related to infection prevention and control program and falls prevention and management.
- 034295-16, IL-48388-LO complaint related to plan of care and safe, secure environment.
- 032197-16, IL-47874-LO complaint related to menu planning and missing clothing.
- 028129-16, IL-46802-LO complaint related to authorization for admission to a home, falls prevention and management and plan of care.
- 025988-16, Critical Incident (CI) 2917-000009-16 related to falls management and prevention.
- 004079-17, CI 2917-000004-17 related to falls prevention and management.
- 004377-17, CI 2917-000007-17 related to duty to protect.
- 022214-17, CI 2917-000023-17 related to falls prevention and management.

During the course of the inspection, the inspector(s) spoke with more than 20 residents, three family members, President of the Residents' Council, the Administrator, Manager of Resident Care, Assistant Manager of Resident Care, the Registered Dietician, Nursing Administrative Assistant, Physiotherapist, Environmental Services Manager, two Registered Nurses, five Registered Practical Nurses, twenty-two Personal Support Workers, two Restorative Care Aides, three Food Service Workers and one Environmental Service Worker.

During the course of the inspection, the inspector(s) toured the home, observed medication administration, medication storage areas, recreation activities, reviewed relevant clinical records, policies and procedures, posting of required information and observed resident to staff interactions, the provision of resident care and general maintenance, cleanliness and condition of the home.

The following Inspection Protocols were used during this inspection:



Accommodation Services - Laundry  
Contenance Care and Bowel Management  
Dining Observation  
Falls Prevention  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Safe and Secure Home  
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

1 WN(s)  
1 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 23.	CO #001	2016_226192_0025		523



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

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.**

**Plan of care**

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

**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. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A complaint was submitted to the Ministry of Health and Long-Term Care related to falls prevention and management due to an identified resident experiencing a fall.

The identified resident's current plan of care included fall prevention interventions. The plan of care did not include directions related to use of one of the fall interventions.

The resident was observed by the inspector on one occasion with one fall intervention not in use.

One Personal Support Worker (PSW) acknowledged that the fall intervention was not in use and stated the device was not functional.

One Registered Practical Nurse (RPN)/Restorative Care Aide stated that the device was functional, however staff had not activated it.

A second RPN told the Inspector that the intervention for the resident was to be used at all times when a specific activity of daily living occurred.

The Manager of Resident Care (MRC) stated that the restorative team tested the fall prevention devices when they were put into use and after it was used, it was the responsibility of every team member to ensure that the device was in place and turned on.

The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The severity of this non-compliance was determined to be a level two as there was minimal harm or potential for actual harm. The scope of this issue was isolated during the course of this inspection. There was no history of related non-compliance with this section of the legislation. [s. 6. (7)]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**Issued on this 7th day of December, 2017**

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

**Original report signed by the inspector.**