

**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

<b>Original Public Report</b>	
<b>Report Issue Date:</b> November 7, 2023	
<b>Inspection Number:</b> 2023-1401-0004	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Steeves & Rozema Enterprises Limited	
<b>Long Term Care Home and City:</b> Lanark Heights Long Term Care Centre, Kitchener	
<b>Lead Inspector</b> Amanpreet Kaur Malhi (741128)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Janis Shkilnyk (706119)	

<b>INSPECTION SUMMARY</b>
<p>The inspection occurred onsite on the following date(s): October 18-20, 24-27, 30-31, 2023 and November 1, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>Intake: #00098780 -Proactive Compliance Inspection (PCI)</li> </ul>

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

- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Resident Care and Support Services
- Residents’ Rights and Choices
- Food, Nutrition and Hydration

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Medication Management  
Skin and Wound Prevention and Management  
Pain Management  
Falls Prevention and Management  
Residents' and Family Councils  
Quality Improvement

## 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)**

FLTCA, 2021, s. 85 (3) (c)

The licensee failed to ensure that the home's policy to promote zero tolerance of abuse and neglect of residents was posted in the home.

On October 20, 2023, the Administrator posted the policy titled: Resident Abuse and Neglect, Revised date: April 11, 2022, to promote zero tolerance of abuse and neglect on the bulletin board in the home.

**Sources:** Observation on October 20, 2023, and interview with the Administrator.

[741128]

Date Remedy Implemented: October 20, 2023

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

FLTCA, 2021, s. 85 (3) (r)

The licensee failed to ensure that the required information on the explanation of whistle-blowing protection was posted within the home.

On October 20, 2023, the Administrator posted the policy titled: Whistle blowing, Revised Date: June 15,

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2022, on the bill board in the home.

**Sources:** Observations on October 20, 2023, and interview with the Administrator.

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Date Remedy Implemented: October 20, 2023

**NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)**

O. Reg. 246/22, s. 138 (1) (a) (ii)

**Non-compliance with: O. Reg 246/22 s. 138 (1) (a) (ii).**

The licensee failed to ensure that drugs were stored in an area or a medication cart that was secure and locked when unattended.

#### **Rationale and Summary**

A) An Inspector observed the registered staff during the evening medication pass leave the medication cart, stationed in the hallway outside the nursing station unlocked and unattended.

The registered staff locked the medication cart upon return and no further observations were noted of the medication cart being left unlocked when unattended.

B) An Inspector observed the fridge where vaccines were stored left unlocked in the secured nurse manager's office. One staff member was present in the nurse manager's office during the observation.

The Nurse Manager acknowledged that the fridge was not locked and promptly proceeded to lock it.

**Sources:** Observations from October 25 and October 26, 2023, Interviews with staff.

[741128]

Date Remedy Implemented: October 26, 2023

#### **WRITTEN NOTIFICATION: Drug destruction and disposal**

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

Non-compliance with: O. Reg. 246/22, s. 148 (2) (2)

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The licensee failed to implement their drug destruction and disposal policy when controlled substances for destruction and disposal were not stored in a double locked storage area that was separate from controlled substances available for resident administration.

**Rationale and Summary**

The home's policy titled: Medication -Destruction and Disposal policy , Revised: August 19, 2022, stated that all controlled substances which are to be destroyed should be stored double locked in a secure, designated area within the home and separate from medications which are to be administered to residents.

A) A registered staff demonstrated to the Inspector that the controlled drugs for destruction or disposal were stored with the other drugs that were available for administration to residents until destroyed or disposed later in the shift.

The registered staff, also mentioned that the controlled drugs that were to be wasted later in the shift were placed inside the locked narcotic bin that contained the blister packs of controlled drugs for administration.

B) A secure and double locked wall mounted black bin was observed within the locked Nurse Manager's office that contained documents in its top and bottom shelf, and emergency supply of controlled drugs in its middle shelf. The Nurse Manager stated that the discontinued drugs were also stored in the same bin on the bottom shelf.

**Sources:** Observations on October 26, 2023, Home's Medication – Destruction and Disposal policy, and Interviews with staff  
[741128]

**WRITTEN NOTIFICATION: Continuous quality improvement committee**

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

Non-compliance with: O. Reg. 246/22, s. 166 (1)

The home failed to establish a continuous quality improvement (CQI) committee.

**Rationale and summary**

Assistant Manager of Resident Care (AMRC) and the CQI Lead stated that the home had not established

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a continuous quality improvement committee and no records were available for review related to a CQI committee.

When a CQI committee was not formed, there was no opportunity for all members of the home including residents and families to collaborate on priority initiatives together.

**Sources:** Interview with AMRC/CQI Lead, no CQI documentation.

[706119]

## WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (2) (4)

The licensee failed to ensure that a written description of the process to monitor and measure progress, identify and implement adjustments and communicate outcomes for the identified priority areas for quality improvement for the next fiscal year were included in their Continuous Quality Improvement (CQI) Interim Report 2023.

### Rationale and Summary

A copy of the home's annual CQI Interim Report 2023 and a link to their Health Quality Ontario initiatives posted on the licensee's website contained no written descriptions of the processes the home would use to monitor and measure progress, identify, and implement adjustments or communicate outcomes for the identified priority areas or specified initiatives in the annual report.

The Assistant Manager of Resident Care (AMRC) / CQI Lead confirmed there was no written description of the process for monitoring or measuring progress of priorities identified or communicating outcomes that were in the report.

Failing to document descriptions of the processes the home would use to monitor and measure progress, identify and implement adjustments or communicate outcomes for the identified priority area initiatives put the home at risk for inconsistencies in interpretation of their CQI data, communication strategies and outcomes.

**Sources:** Continuous Quality Improvement Interim Report 2023, interview with AMRC/CQI Lead

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## WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (2) (5) (i)

The licensee failed to ensure that the written record of the home's Continuous Quality Improvement (CQI) report posted to their website included the date the survey required under section 43 of the Act was taken during the fiscal year.

#### Rationale and Summary

A written record of the date the survey required under section 43 of the Act was taken during the fiscal year was not documented in the annual CQI Interim Report 2023 posted on the home's website.

The CQI Lead confirmed that there were no dates documented in the home's 2023 CQI report of the date the resident/family 2022 survey was completed.

Failing to document the date related to the survey required under section 43 of the Act in the CQI report posted to the home's website was a missed opportunity to ensure timely and consistent dissemination of the information to all residents, their families, Council members, and staff of the home.

**Sources:** Home's website, Continuous Quality Improvement Interim Report 2023, interview with the CQI Lead

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## WRITTEN NOTIFICATION: Continuous quality improvement initiative report

### NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) (5) (ii)

The licensee failed to ensure that the results of the resident/family 2022 survey taken during the fiscal year under section 43 of the Act was included in the home's Annual Continuous Quality Improvement (CQI) Interim Report 2023.

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### Rationale and Summary

A written annual CQI Interim Report 2023 was posted to the home's website did not include the 2022 resident and family survey results.

The CQI Lead confirmed that survey results were not in the report.

Failing to document survey results related to the survey required under section 43 of the Act in the CQI reported posted to the home's website was a missed opportunity to ensure timely and consistent dissemination of the information to all residents, their families, Council members, and staff of the home.

**Sources:** Home's website, Continuous Quality Improvement Interim Report 2023, interview with the CQI Lead

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## WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (2) (6) (i)

The licensee failed to ensure that the home's Annual Continuous Quality Improvement (CQI) Interim Report 2023 posted on their website contained the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions. Actions taken to improve the long-term care home were documented but no dates the actions were implemented, or the outcomes of the actions were found in the report.

### Rationale and summary

The CQI Lead confirmed that there were no dates documented for actions implemented or the outcome of the home's actions in the report.

Failure to include all required information as listed above in the written CQI report is a missed opportunity to track and share the home's progress with residents and their families and staff, related to all actions taken to improve the long-term care home, and the care, services, programs and goods and outcomes from year to year.

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**Sources:** Home's website, Continuous Quality Improvement Interim Report 2023, interview with CQI Lead

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## WRITTEN NOTIFICATION: Continuous quality improvement initiative report

### NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) (6) (ii)

The licensee failed to ensure that the home's Annual Continuous Quality Improvement (CQI) Interim Report 2023 posted on their website contained dates or actions related to any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions.

#### Rationale and summary

The CQI Lead confirmed that there was no documentation that contained dates or actions related to any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year in the home's report.

Failure to include all required information as listed above in the written CQI report is a missed opportunity to track and share the home's progress with residents and their families and staff, related to all actions taken to improve the long-term care home, and the care, services, programs and goods and outcomes from year to year.

**Sources:** Home's website, Continuous Quality Improvement Interim Report 2023, interview with CQI Lead

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## WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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



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Non-compliance with: O. Reg. 246/22, s. 168 (3)

The licensee failed to ensure that a copy of the home's Annual Continuous Quality Improvement (CQI) Interim Report 2023 was provided to the Residents' Council and Family Council.

**Rationale and Summary**

Minutes from July, August and September, 2023 of Residents' Council meetings and correspondence provided by the home to the Family Council meetings were reviewed.

There was no documentation that the 2023 annual CQI report had been shared with the Councils.

The CQI Lead acknowledged the CQI report had not been shared with either Council.

Failing to provide councils with the home's Annual CQI Interim Report 2023 posted to the home's website was a missed opportunity to ensure timely and consistent dissemination of the information to all residents, their families and council members.

**Sources:** Residents and Family Council meeting minutes, interview with CQI Lead.

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