

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## Original Public Report

**Report Issue Date:** September 4, 2024

**Inspection Number:** 2024-1363-0005

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** Steeves & Rozema Enterprises Limited

**Long Term Care Home and City:** Westmount Gardens Long Term Care Home,  
London

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 20, 22, 23, 26, 27, 2024

The following intake(s) were inspected:

- Intake: #00120683 - Complaint related to a resident
- Intake: #00121047 - (CIS 2878-000025-24) related to the unexpected death of a resident
- Intake: #00121476 - Follow-up- CO #001 from inspection 2024-1363-0004 related to O. Reg. 246/22 - s. 55 (2) (b) (iv) Skin and wound care Compliance Due Date (CDD) August 19 2024
- Intake: #00122194 - (CIS 2878-000026-24) related to improper or incompetent care

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1363-0004 related to O. Reg. 246/22, s. 55 (2) (b) (iv)

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

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Infection Prevention and Control

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of Care

NC #001 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 failed to ensure that the resident's substitute decision maker (SDM) was given the opportunity to participate in the resident's plan of care when the residents health status changed and required new interventions.

#### **Rationale and Summary**

A Critical Incident System (CIS) report was received by the Director indicating that a resident was assessed, treated and prescribed new interventions for a change in

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health status.

Progress notes, had shown that the resident had a change in health status, which they were prescribed new interventions to manage. The resident's progress notes did not include any documentation of a phone call to the SDM requesting consent for the interventions or providing a health status update.

A chart review conducted, of the resident's Prescriber's Order Form, revealed that the consent obtained box was not checked for the interventions implemented.

A policy review of the Consent to Treatment and Care policy (RCM 08-07) indicated that residents and/or their substitute decision-makers must be kept informed of changes in the resident's status that necessitate updates to the Plan of Care and Treatment, including the rationale and potential outcomes.

During interviews with the Nurse Practitioner (NP), they confirmed that the resident did not have the capacity to make their own informed medical decisions. The NP stated that if consent was not documented in PCC or the prescription order form then consent was not obtained from the SDM.

New interventions were implemented without the consent and consultation of the resident's SDM. The resident was unable to provide informed consent and the SDM was not given the opportunity to fully participate in the development, implementation, or treatment plan of the resident's care. This impacted the SDM's right to participate in the implementation or change in the resident's plan of care.

**Sources:** Review of the resident's chart, policy Consent to treatment and care (RCM 08-07), interviews with the NP and Acting MRC.

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## **WRITTEN NOTIFICATION: Dealing with Complaints**

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

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

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,
  - ii. an explanation of,
    - A. what the licensee has done to resolve the complaint, or
    - B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief

The licensee has failed to follow up with a Substitute Decision Maker (SDM) for a resident following a complaint made to the home with the completion of their investigation.

### **Rationale and Summary**

The Acting Manager of Resident Care (MRC) submitted a Critical Incident System (CIS) report to the Ministry of Long-Term Care (MLTC) following a complaint made to the home.

The home's investigation notes stated that they completed the investigation and updated the CIS report accordingly. The investigation notes did not include documentation of a letter or conversation had with the resident's SDM following the completing of the home's investigation into the SDM's concerns.

The Acting MRC mentioned that the investigation was completed, and there would be no follow-up with the family regarding the investigation results.

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**Sources:** CIS report, investigation notes, interview with the Acting MRC

## WRITTEN NOTIFICATION: Reports

NC #003 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

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, in as much detail as is possible in the circumstances of an unexpected or sudden death.

### Rationale and Summary

A Critical Incident System (CIS) report was received by the Director informing on the unexpected death of a resident four days after the death occurred.

On the CIS report a note was included under the analysis and follow up section that stated the CIS report had been saved and submission was delayed.

**Sources:** CIS report, Staff interview

## COMPLIANCE ORDER CO #001 Infection prevention and control program

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NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 102 (8)**

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead.

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

- A) The Infection Prevention and Control Lead or designate will in collaboration with the long-term care home's Medical Director, Attending Physician's and Nurse Practitioner, review and revise their infection prevention and control policies related to two specific care areas, to ensure they are in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices
- B) Maintain a documented record of the review and revisions
- C) Train all registered nursing staff on the policy revisions
- D) Maintain a documented record of the training provided including the name of staff who completed the training and dates it was completed

**Grounds**

The licensee has failed to ensure that all staff participate in the implementation off the Infection Prevention and Control (IPAC) program, when two of their IPAC policies were not implemented.

**Rationale and Summary**

A Critical Incident System (CIS) report and a complaint were received by the Director concerning a resident.

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During a record review of the resident's progress notes there were notes made indicating signs and symptoms of infection.

There were no documents to support that two of the Long-Term Care Home's applicable policies related to Infection Prevention and Control were accurately implemented for the resident who was exhibiting signs and symptoms of infection.

There was a risk to the resident when all staff did not participate in the implementation of the Infection Prevention and Control (IPAC) program that appropriate assessments and testing were not conducted as expected.

**Sources:** Staff interviews, Resident health records, The Long-Term Care Home's Infection Control Policies

**This order must be complied with by** October 11, 2024

**COMPLIANCE ORDER CO #002 Medical directives and orders —  
drugs**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 126**

Medical directives and orders — drugs

s. 126. Every licensee of a long-term care home shall ensure that,

(a) all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act; and

(b) no medical directive or order for the administration of a drug to a resident is used

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unless it is individualized to the resident's condition and needs.

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

A) The Director of Nursing and Personal Care or designate will train all Registered Nursing staff, Registered Nurses in the extended class, and attending Physicians who work on a specific resident home area, on the provisions set out in O. Reg 246/22 s. 126

B) A documented record will be maintained of the training including dates the training took place and the names of individuals who completed the training

**Grounds**

The licensee has failed to ensure that a resident's orders for the administration of a drug were reviewed at any time when the resident's condition was assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act; and that no order for the administration of a drug to a resident was used unless it was individualized to the resident's condition and needs.

**Rationale and Summary**

A Critical Incident System (CIS) report and a complaint were received by the Director concerning a resident.

In interview with the Nurse Practitioner (NP) they advised that the resident had a medical condition which they used a specific type of medication to manage.

As required under section 6 of the Act; a written plan of care for each resident shall set out; the goals the care is intended to achieve, clear directions to staff and others who provide direct care to the resident, and the contents of the resident's plan of



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care have convenient and immediate access to staff and others who provide direct care. In interviews, the Administrator and two other staff members were unable to clearly articulate how the residents plan of care ensured these provisions.

The resident's progress notes and clinical records indicated a change in their health status, while registered nursing staff continued to administer the same medication. There was documentation of a referral put in, but no record of a phone call made to the Physician or Nurse Practitioner.

In interview the Corner advised that the resident's medication was no longer appropriate to manage the residents needs and believed that staff should have called a Physician at an earlier date.

There was harm to the resident when their medication order that was no longer individualized to the resident's condition and needs continued to be utilized and the resident's plan of care did not set out resident specific goals intended to achieve, clear direction, or convenient and immediate access to direct care staff.

**Sources:** Staff and Corner interviews, Resident health records

**This order must be complied with by** October 11, 2024

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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).