Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Public Report

Report Issue Date: February 6, 2025

Inspection Number: 2025-1363-0001

Inspection Type:
Critical Incident

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): February 4-6, 2025

The following intake(s) were inspected:

- Intake: #00135457 - Critical Incident (CI) #2878-000053-24 related to fall prevention and management.
- Intake: #00135932 - CI #2878-000056-24 related to allegation of abuse.
- Intake: #00137926 - CI #2878-000007-25 related to fall prevention and management.
- Intake: #00138807 - CI #2878-000015-25 related to fall prevention and management.

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

Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and Management

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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 (8)
Plan of care
s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee failed to ensure that direct care staff had convenient and immediate access to fall intervention for residents.

A staff member stated they were unaware of the specific fall intervention for the resident because it was not included in the Point of Care tasks. This gap prevented direct care staff from accessing the fall intervention details, potentially leading to inconsistent care.

Sources: Observation, review of the resident's clinical records, and interviews with staff and the Director of Care.

WRITTEN NOTIFICATION: Falls prevention and management

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

The licensee failed to ensure that the fall prevention and management program included strategies to reduce or mitigate falls, including the use of equipment, supplies, devices, and assistive aids.

A resident with a history of multiple falls had an intervention implemented as a fall prevention strategy but was observed without the implemented intervention. A staff member stated they were unaware of the intervention because it was not listed in the Point of Care tasks. The resident experienced a fall resulting in injury. Additionally, the resident did not have another fall intervention in place, despite it being part of the care plan. This failure to implement fall prevention measures posed a potential risk to the resident's safety.

Sources: Review of the resident's clinical record and interviews with the Director of Care and staff.

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