

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

Original Public Report

Report Issue Date: January 5, 2024	
Inspection Number: 2023-1410-0006	
Inspection Type: Proactive Compliance Inspection	
Licensee: Steeves & Rozema Enterprises Limited	
Long Term Care Home and City: St. Andrew's Terrace Long Term Care Community, Cambridge	
Lead Inspector Brittany Nielsen (705769)	Inspector Digital Signature
Additional Inspector(s) JanetM Evans (659)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): November 29-30 and December 1, 4-8, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00102465 -Proactive Compliance Inspection
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The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration

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Residents' and Family Councils
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Doors in a Home

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee failed to ensure that doors leading to two non-residential areas were kept closed and locked when the room was not supervised by staff.

Rationale and Summary

The doors to two non-residential areas on a resident home area were observed to be unlocked.

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Staff said the doors were to be kept locked at all times.

When the doors on a resident home area were found to be unlocked, there was a potential risk to residents when they had access to an unsupervised area.

Sources: observations of a home area and interviews with staff.
[705769]

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

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

Non-compliance with: FLTCA, 2021, s. 43 (5) (a)

Resident and Family/Caregiver Experience Survey
Documentation

s. 43 (5) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (4);

The licensee failed to ensure that the results of the Resident and Family Experience Survey from 2022 were documented and made available to the Resident and Family Councils, to seek their advice in acting on its results.

Rationale and Summary

The Continuous Quality Improvement (CQI) Initiative Report for 2023-2024 stated results of the survey were reviewed at a Resident Council meeting. In the meeting minutes, there was no mention of all the results being documented and shared at the meeting.

Staff stated that the results of the portion of the survey that related to one program

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had been shared with the Residents' Council, but not related to any other program for the home.

When the results of the survey were not made available to the Resident and Family Councils, they could not provide feedback to the home to act on the results.

Sources: interview with staff and record review of the CQI Initiative Report.
[659]

WRITTEN NOTIFICATION: Powers of Residents' Council

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

Duty to respond

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee failed to ensure that the Residents' Council was advised in writing of the response to a concern that was brought forward from Residents' Council within 10 days of them receiving the concern.

Rationale and Summary

During a Residents' Council meeting, a concern was brought forward.

The home did not advise the Residents' Council of their response in writing until about one month later.

By failing to notify the Residents' Council of the response to their concern within 10

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days, they were unaware of whether anything was being done to address that concern.

Sources: interview with staff and record review of the Residents' Council meeting minutes.
[705769]

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee failed to ensure that s. 93 (2) as part of the organized program of housekeeping procedures under clause 19 (1) (a) of the Act, were implemented for cleaning and disinfection of the spa tub, in accordance with the manufacturer's specifications, using a low level disinfectant agent in accordance with evidence based practice.

Rationale and Summary

The home's policy for disinfection of the spa tub directed staff to clean and disinfect the tub following each resident's use and to follow the contact time as indicated for

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the disinfectant.

The home used Arjo Disinfectant Cleanser IV to clean the tubs. The label directions indicated a 10 minute contact time was required for disinfection.

Staff stated that they left the Arjo disinfectant on the tub surface for 20 seconds and then rinsed it off.

The home acknowledged that staff were to leave the Arjo disinfectant on the tub surface for 10 minutes.

Failure to follow the manufacturer's instructions related to the use of the contact time for disinfection of the spa tub put residents and the home at risk for transmission of infectious agents.

Sources: interviews with staff and record review of the Arjo disinfectant cleanser IV label.

[659]

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 (2) 6.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

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The licensee failed to ensure that the CQI committee composition included a pharmacist from the home's pharmacy service provider.

Rationale and Summary

A review of three of the home's CQI committee meetings did not show representation/attendance of a pharmacist.

Staff acknowledged a pharmacist had not been in attendance at the meetings.

Failure to include the pharmacist as a CQI committee member was a missed opportunity to leverage pharmaceutical knowledge when looking at areas of improvement related to resident care/health conditions.

Sources: interview with staff and record review of the home's CQI committee meeting minutes.

[659]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (2) 10.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

10. One member of the home's Family Council, if any.

The licensee failed to ensure that the CQI committee composition included a member of the home's Family Council.

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Rationale and Summary

A review of three of the home's CQI committee meetings did not show representation/attendance of a Family Council member.

Staff acknowledged a member of the Family Council had not been included at the meetings at this time.

Failure to include a member of the Family Council as a CQI committee member was a missed opportunity for input from the Family Council members related to items that may be of importance to the Council.

Sources: interview with staff and record review of the home's CQI committee meeting minutes.

[659]

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 (1)

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee failed to ensure that a report was prepared of the home's CQI plan within three months after the end of the fiscal year and that a copy of that report was published on their website.

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Rationale and Summary

The fiscal year ended in March 2023 and the report was published in December 2023.

By failing to ensure the report was completed within three months of the end of the fiscal year, there was no direction as to whether the home was working on improving the quality of the home.

Sources: interview with staff and record review of the quality improvement plan section of the home's website.
[705769]

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. i.

Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:

- 5. A written record of,
 - i. the date the survey required under section 43 of the Act was taken during the fiscal year,

The licensee failed to ensure that the CQI Initiative Report included the date that the required survey was taken in the fiscal year.

Rationale and Summary

The home's CQI Initiative Report on their website did not include the date the Resident and Family Satisfaction Survey was taken in 2022.

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By failing to include the date the survey was taken in the report, there was no indication as to when the survey was completed.

Sources: interview with staff and record review of the home's CQI Initiative Report. [705769]

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) 5. ii.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,
 - ii. the results of the survey taken during the fiscal year under section 43 of the Act,and

The licensee failed to ensure that the CQI Initiative Report included the results of the survey.

Rationale and Summary

A survey of residents, family members, and caregivers was completed in 2022 with results being reported to the home in January 2023.

The CQI Initiative Report posted to the home's website did not include the results of the survey.

Staff acknowledged the posted report did not include the required information.

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Sources: interview with staff and record review of the CQI Initiative Report on the home's website.

[659]

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. i.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,

i. 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,

The licensee failed to ensure a written record of 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 were maintained.

Rationale and Summary

A resident survey and family survey were completed in 2022. The home identified goals and created an action plan to address the concerns identified from the surveys. The home did not have written documentation as to when the actions were

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implemented or the outcomes of the actions.

Staff said there was no action log maintained, which included information related to when these items were implemented or the outcomes of the implementation.

Failure to maintain written records related to the implementation of the actionable items as well as the outcomes of the implementation was a missed opportunity for ongoing evaluation as to the effectiveness of the home's actions and satisfaction of both Councils.

Sources: interview with staff and record review of the 2022 Resident and Family Survey results.

[659]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

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

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

Continuous quality improvement initiative report
s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee failed to ensure that a copy of the CQI Initiative Report was shared with the Resident and Family Councils.

Rationale and Summary

The Resident and Family Councils were not provided a copy of the 2023-2024 CQI Initiative Report.

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By failing to ensure the councils received a copy of the report, the councils were not aware of the actions the home was taking in response to the satisfaction survey.

Sources: interview with staff and record review of the Residents' Council and Family Council meeting minutes.

[705769]