

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

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

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 4, 2021	2021_792659_0010	000351-21	Follow up

Licensee/Titulaire de permis

peopleCare Not-For-Profit Homes Inc.
735 Bridge Street West Waterloo ON N2V 2H1

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

peopleCare A.R. Goudie Kitchener
369 Frederick Street Kitchener ON N2H 2P1

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

JANETM EVANS (659)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): April 20 and 21, 2021.

The following intake was completed during this inspection: Log #000351-21, follow up to compliance order (CO) #001, from inspection 2020_796754_0038, served December 22, 2020, with a compliance due date (CDD) of March 15, 2021.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeepers, screeners and a tester.

The inspector also completed observations of dining, housekeeping, infection prevention and control (IPAC) measures and bathroom doors for safety and repair. A review of documentation which included but was not limited to an action plan to address CO #001, maintenance logs, third party maintenance invoices, a door audit, Panbio Antigen Rapid Test Results, staff roster, policies related to discharge cleaning, visitors, and COVID-19 testing.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Safe and Secure Home**

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

2 WN(s)

2 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:

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #001	2020_796754_0038		659

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee failed to comply with Compliance Order (CO) #001, from inspection #2020_796754_0038, served December 22, 2020, with compliance due date (CDD) of March 15, 2021.

The licensee was to ensure that all disrepair for bathroom doors was reported to the Maintenance Service Provider immediately through the ticket system used within the home, selecting the priority choice of emergency.

The inspector observed that a bathroom door in a resident's room would not close. Staff was notified and they called the maintenance technician to report the issue.

Invoices from March and April 2021, documented repairs to five resident bathroom doors in the home. A work order was not completed related to these door deficiencies.

The Administrator said staff would verbally tell them or the maintenance technician, to report a maintenance repair concern. They said staff were educated on the process, but there was still times when they did not utilize the ticket system of notification for maintenance concerns.

Failure to report a maintenance request for resident bathroom doors using the home's ticket system did not pose a safety risk to the resident.

Sources: Compliance Order (CO) #001, from inspection #2020_796754_0038, issued December 22, 2020, with Compliance due date of March 15, 2021. Observations. Review home's action plan dated December 7-8, 2020, Preventive Maintenance Quarterly Resident Room Doors Inspection Record, Invoices#003055 and #003014 from Southwest Door Automatics Ltd, YARDI work orders 31966,31082, 30660, and 29065, YARDI Maintenance Service Request instructions, Surge training for YARDI, Interviews with Administrator and RPN #106. [s. 101. (3)]

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 all disrepair for bathroom doors is reported to the Maintenance Service Provider immediately via the homes ticket system, using the priority choice of emergency, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 174.1 Directives by Minister

Specifically failed to comply with the following:

s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.

Findings/Faits saillants :

1. The licensee has failed to ensure that where the Act required the licensee of a long-term care home to carry out every Minister's Directive that applies to the long-term care home, the Minister's Directive was complied with.

In accordance with Minister's Directive COVID-19:Long-Term Care Home (LTCH) Surveillance Testing and Access to Homes, effective March 15, 2021, the licensee was required to ensure that all staff, caregivers, student placements and volunteers working in or visiting a long-term care home take one PCR test and one antigen test on separate days within a seven-day period; or an antigen test at a frequency set out in the Ministry of Health COVID-19 guidance: Considerations for antigen point-of-care testing. At the time of the inspection, the home was under a province wide stay at home order, and were required to complete Antigen Point of Care Testing (APOCT) two to three times per week.

PSW #112 required an APOC test prior to their shift April 11, 2021, as they had not been tested since April 05, 2021. The PSW worked their shift on April 11, 2021, but did not complete an APOC test that day.

The licensee not ensuring that all staff members were tested using the APOCT two to three times per week, prior to them working at the home, increased the risk of infectious disease transmission to all residents, health care providers, and visitors of the home.

Sources: March 15, 2021, updated Minister's Directive: COVID-19:Long-Term Care Home Surveillance Testing and Access to Homes, Daily Roster Report, Panbio Antigen Rapid Test Results, interview with ADOC and tester [s. 174.1 (3)]

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 PSW #112 completes surveillance testing as per the requirements of the Minister's Directives of LTCH Surveillance Testing and Access to Homes, to be implemented voluntarily.

Issued on this 4th day of May, 2021

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

Original report signed by the inspector.