

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 3, 2022	2022_792659_0003	002067-22	Proactive Compliance Inspection

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**Licensee/Titulaire de permis**

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

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

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

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

JANETM EVANS (659), KATHERINE ADAMSKI (753), NUZHAT UDDIN (532)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Proactive Compliance Inspection.**

**This inspection was conducted on the following date(s): February 8, 9, 10, 11, 15, 16, 17, and 18, 2022.**

**The following intake was included for this inspection: Log #: 002067-22 Proactive Compliance Inspection (PCI).**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC), Director of Environmental Service (DES), Director of Food Services (DFS) , Director of Resident Quality Outcomes (DRQO), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a Resident Service Aide (RSA), Housekeepers, residents and family members.**

**Observations were completed for Infection Prevention and Control (IPAC) procedures, medication administration and storage areas, resident dining and snack service, staff to resident interactions, general resident care and cleanliness and window openings. A review of relevant documents of was completed which included but was not limited to: plans of care, progress notes, electronic medication records (eMARs), Resident and Family Council meeting minutes, program evaluations and policies and procedures.**

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

**Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Family Council  
Infection Prevention and Control  
Medication  
Nutrition and Hydration  
Pain  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Quality Improvement  
Residents' Council  
Safe and Secure Home  
Skin and Wound Care**

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

**3 WN(s)**

**3 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Légende

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85.  
Satisfaction survey**

**Specifically failed to comply with the following:**

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that they sought the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results.

The Family Council Meeting Minutes for 2021, showed that the home had not sought the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results.

The ED, Family Council President and Assistant all acknowledged that the home had not sought the advice of the Family Council in developing and carrying out the satisfaction survey, and in acting on its results.

There was a potential risk from the home not seeking the advice from Family Council in developing and carrying out the satisfaction survey, and in acting on its results that residents' family member's concerns related to care or operation of the home were not considered or addressed.

Sources: Interviews with the ED, Family Council Assistant and President, Family Council Meeting Minutes from January 1 to December 31, 2021. [s. 85. (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 the home seeks the advice of the Family Council in developing and carrying out the satisfaction survey, and acting on the results of the survey, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff**

**Specifically failed to comply with the following:**

**s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:**

**2. Skin and wound care. O. Reg. 79/10, s. 221 (1).**

**s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:**

**4. Pain management, including pain recognition of specific and non-specific signs of pain. O. Reg. 79/10, s. 221 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all direct care staff were provided annual training in Skin and Wound Care Management and on Pain Management, including the recognition of specific and non specific signs of pain 2021.

Training records showed that five out of 60 staff (8.3 percent) did not complete the skin and wound care management training in 2021.

The Executive Director acknowledged that five staff had not completed the required training.

When all staff were not provided annual skin and wound management training, there was risk that a resident's skin and wound concerns would not be identified or managed appropriately.

Sources: The home's Skin and Wound Care Management Program policy [#006020.00], Surge training records from January 1 to December 31, 2021, interviews with the Executive Director. [s. 221. (1) 2.]

2. The home's Pain Assessment policy and procedure stated that direct care staff must receive annual training on pain management including pain recognition of specific and non-specific signs of pain.

The home could not substantiate that Personal Support Workers (PSWs) were provided annual training on pain management including pain recognition of specific and non-specific signs of pain in 2021.

When PSWs were not provided annual pain management training, there was risk that a resident's pain would go unnoticed or treated.

Sources: Pain Assessment Program policy [#00500.00(e)], Surge training records from January 1 to December 31, 2021, interviews with the Executive Director. [s. 221. (1) 4.]

***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 staff receive annual training on the home's policy and procedure for Skin and Wound management and that direct care staff would receive annual training on the home's policy and procedures for pain management including pain recognition of specific and non-specific signs of pain, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The license has failed to ensure that staff participated in the implementation of the infection prevention and control program.

The second floor home area was in a COVID-19 outbreak with four residents in droplet contact precaution isolation.

The home's Ontario evidence-based hand hygiene (HH) program, "Just Clean Your Hands" (JCYH), required that staff assist residents to clean their hands before assisting with meals or snacks.

A PSW was observed going from room to room providing residents with snacks but did not remind, encourage, or assist the residents in performing hand hygiene and did preform hand hygiene on themselves. The PSW also removed dirty dishes from room to room without performing any hand hygiene between tasks.

The PSW stated that they did not have to perform hand hygiene if they were just dropping the snacks off to the residents.

Not ensuring that infection prevention and control measures were followed as required increased the risk of infectious disease transmission throughout the home.

Sources: Observations, Record Review of Ontario evidence-based hand hygiene (HH) program, "Just Clean Your Hands" (JCYH), Home's Hand Hygiene Program #005050.00- undated and Interviews with ADOC and staff. [s. 229. (4)]

***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 staff participate in the implementation of the home's infection prevention and control program. Specifically related to staff completing their own hand hygiene between tasks, assisting or encouraging residents with hand hygiene hands prior to and following meals or snacks., to be implemented voluntarily.***

**Issued on this 9th day of March, 2022**

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

**Original report signed by the inspector.**