

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

Public Report

Report Issue Date: January 10, 2025

Inspection Number: 2025-1489-0001

Inspection Type:

Critical Incident

Licensee: peopleCare Not-For-Profit Homes Inc.

Long Term Care Home and City: peopleCare A.R. Goudie Kitchener, Kitchener

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 7-9, 2025

The following intake(s) were inspected:

- Intake: #00129284 related to fall prevention and management
- Intake: #00131402 related to ARI and COVID Outbreak

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

- Infection Prevention and Control
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that a resident's falls interventions were documented in the plan of care. A resident was determined to be at risk of falls. However, none of the fall interventions were documented in the plan of care. There was a risk to the resident as direct care staff did not have clear directions regarding the fall interventions/ preventions measures of the resident.

Sources: Clinical record review, observations, interview with staff members.

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 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that when a resident fell, the post-fall assessment was completed using a clinically appropriate assessment. A registered staff stated that the resident made a statement of discomfort, and the progress note documented the presence of injury, however, the post-fall pain assessment was incomplete.

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Sources: Clinical record, fall risk screening and post fall assessment and interviews with staff members.

WRITTEN NOTIFICATION: Skin and wound

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a resident received a skin assessment using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. A resident sustained injuries following a fall. The skin assessment was incomplete, which could have delayed appropriate action of interventions and skin deterioration.

Additionally, the definition of "altered skin integrity" in the Home's Skin and Wound Care Management Program Reference No.: 006020.00, does not align with the definition in the legislation. O. Reg. 246/22, s. 55 (3).

Sources: Clinical record, Skin and Wound Care Management Program Reference No.: 006020.00 and interview with the staff members.