

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: June 10, 2025

Inspection Number: 2025-1489-0003

Inspection Type:

Critical Incident
Follow up

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 dates: May 9, 13-16, 21-23, and 26-30, 2025

The following intakes were inspected:

- Intake 00143625 - Follow-up #001 for Compliance Order to O. Reg. 246/22 - s. 58 (4) (c) Responsive behaviours
- Intake 00143883 - 2990-000007-25 Respiratory Outbreak
- Intake 00145095 - 2990-000008-25 Resident to resident altercation
- Intake 00146014 - 2990-000012-25 Resident to resident altercation
- Intake 00146148 - 2990-000013-25 Resident to resident altercation

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1489-0002 related to O. Reg. 246/22, s. 58 (4) (c)

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

Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Responsive Behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

The licensee has failed to ensure that written strategies, including techniques and interventions to prevent, minimize or respond to the responsive behaviours of residents, were developed.

Sources: Inspector observations, review of resident medical records, interviews with staff.

WRITTEN NOTIFICATION: CMOH and MOH

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

Non-compliance with: O. Reg. 246/22, s. 272

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CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure recommendations issued by the Chief Medical Officer of Health were followed when expired hand sanitizer was found in the home.

In accordance with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (February 2025), Section 3.1, Alcohol-based hand rubs (ABHR) must not be expired. Multiple wall mounted ABHR stations were expired during inspector observations.

Sources: Inspector observations, Interviews with staff

COMPLIANCE ORDER CO #001 Duty to protect

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 24 (1) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

(A) Development of written strategies to support management of specified residents' behaviours.

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(B) Procedures for consistent documentation of a specified behavioural intervention when assigned to residents, including:

- I. How staff will be made aware of the intervention assignment,
- II. How staff will be made aware of their responsibilities for implementation of the intervention, and,
- III. Documentation of when the intervention is initiated and discontinued daily, to support monitoring and evaluation of the intervention.

(C) Review and revision as needed of the home's policies relevant to specified behaviours to include clear directions for responding to behavioural expressions from residents, and the prevention of resident abuse. Include plans for educating direct care, BSO, and nursing management staff on the policies relevant to the specified behaviours, including those planned for revision if applicable.

(D) Education of direct care and BSO staff on the following:

- I. Staff responsibilities for ensuring interventions, strategies and techniques to respond to residents' responsive behaviours are documented,
- II. Staff responsibilities and process for responding to ineffective or non-functional behavioural interventions, and,
- III. Staff responsibilities for completing initiated behavioural assessments.

Please submit the written plan for achieving compliance for inspection #2025-1489-0003 by June 23, 2025.

Please ensure that the submitted written plan does not contain any PI/PHI.

The licensee failed to ensure residents were protected from abuse when the home's process for responding to abuse was not followed.

An incident was not reported to the Director, and relevant interventions put in place

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to help prevent abuse of residents were not consistently documented or implemented. The interventions were not in place at the time of inspection, despite risk of abuse continuing to be present.

Sources: Policies including Abuse and Suspected Abuse/Neglect Policy (No. 005010.00), clinical records of residents, as well as interviews with staff.

This order must be complied with by August 29, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.