

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: September 23, 2025
Inspection Number: 2025-1489-0005
Inspection Type: Complaint 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: September 10-11, 15-19, 2025, and off-site on September 12, 2025.

The following intakes were inspected:

- Intake: #00149696: Follow-up #01 - CO #001/2025-1489-0003, FLTCA, 2021 - s. 24 (1) Duty to Protect, CDD August 29, 2025.
- Intake: #00156561: A complaint related to prevention of abuse and neglect, skin and wound, nutritional care and hydration, resident care and support services, and pain management.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2025-1489-0003 related to FLTCA, 2021, s. 24 (1)

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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
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that a resident received a dietary intervention as per their written plan of care.

Sources: Resident's clinical health records; Interviews with the staff.

WRITTEN NOTIFICATION: Conditions of license

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

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Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee failed to comply with parts A and C of Compliance Order (CO) #001 from inspection #2025-1489-0003 served on June 10, 2025, with an action plan due date of June 23, 2025, and a compliance due date (CDD) of August 29, 2025.

Sources: Dementia Observation System (DOS) Worksheets, Progress Notes, the home's policy, training records; Interviews with the staff.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

N/A

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This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee failed to ensure that an intervention with respect to a resident under the skin and wound care program was documented.

Sources: Resident's clinical health records; Interviews with the staff.

WRITTEN NOTIFICATION: Skin and wound care

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

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

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,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure that a resident exhibiting altered skin integrity was reassessed at least weekly, on two instances.

Sources: Resident's clinical health records, the home's policy; Interviews with the staff.

WRITTEN NOTIFICATION: Pain management

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

The licensee failed to ensure that strategies to manage pain were provided to a resident as required by the pain management program, when they exhibited signs and symptoms of pain.

Sources: Resident's clinical health records, the home's policy; Interviews with the

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staff.

WRITTEN NOTIFICATION: Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The licensee failed to monitor a resident's response to, and the effectiveness of a pain management strategy provided by the staff.

Sources: Resident's clinical health records, the home's policy; Interviews with the staff.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (d)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

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The licensee failed to ensure that the system to monitor and evaluate the fluid intake of residents with identified risks related to nutrition and hydration was followed for a resident when they did not meet their daily fluid goal.

Sources: Resident's clinical health records, the home's policy; Interviews with the staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee failed to ensure that on every shift, symptoms indicating the presence of infection for a resident, were monitored in accordance with the standard issued by the Director.

Sources: Resident's clinical health records, Surveillance, the home's policy; Interviews with the staff.

WRITTEN NOTIFICATION: Administration of drugs

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NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that a drug was administered to a resident in accordance with directions for use specified by the prescriber.

Sources: Resident's clinical health records; Interviews with the staff.

COMPLIANCE ORDER CO #001 Required programs

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. Ensure that all nurses who work on an identified Home Area (HA), as well as the Skin and Wound Program Lead (SWPL), review the following documents:
 - LTC home's "Skin and Wound Management Program" policy

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- Skin and wound decision tree
 - The clinical pathway for Nurse Specializing in Wound Ostomy and Continence (NSWOC) referral
2. Maintain a sign off sheet that confirms the completion of the review from item #1, which will include the date of the review, the full name and signature of the nurses.
 3. Ensure that all nurses who work on the HA receive education on the skin and wound management program. The education must include:
 - A review of the pressure injury guidelines and treatment algorithm for each stage of pressure ulcers.
 - When a referral is to be made to interdisciplinary team members, including but not limited to the SWPL, Physiotherapist (PT), Occupational Therapist (OT), Registered Dietitian (RD), and NSWOC, with respect to a resident's altered skin integrity.
 4. Keep a record at the LTC home of the education provided, including the staff members who received the education, the person(s) providing it, the content of the education, the date(s) it was provided and a signature of the staff member indicating that they completed the education.
 5. Maintain a written record of actions taken for items #1 to #4. This record shall be made available to the Inspector upon request.

Grounds

The licensee failed to ensure that the skin and wound care program for the Long-Term Care Home (LTCH) was implemented as required, for a resident who had altered skin integrity.

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The LTC home's skin and wound care management program policy directed the registered staff to do the following:

- Refer any worsening altered skin integrity to the SWPL.
- Ensure a nutrition referral is sent to the RD for a worsening skin condition.
- Send referrals to any other appropriate discipline e.g. physiotherapy or restorative.

This policy also indicated that the SWPL will confirm the stage of all pressure wounds using the National Pressure Ulcer Advisory Panel (PAUAP) criteria, and consult with the NSWOC as required using the clinical pathway for referral.

The resident's wounds were not confirmed using the PAUAP criteria, thus, there were times that the treatments initiated were not appropriate for the wounds. In addition, the required referrals to the interdisciplinary team members were not completed when a resident experienced worsening of their wounds.

Sources: Resident's clinical health records, Skin and Wound Care Management Program policy, Clinical Pathway for NSWOC Referral, Skin and Wound Decision Tree; Interviews with the staff.

This order must be complied with by October 31, 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

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e-mail: MLTC.AppealsCoordinator@ontario.ca

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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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.