Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central West District
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Public Report

Report Issue Date: November 12, 2025

Inspection Number: 2025-1489-0006

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 date(s): November 4 - 7, 10, 2025

The following intake(s) were inspected:
-Intake: #00155566, #00158850, #00160235, and #00156633 related to fall prevention and management.
-Intake: #00155595, related to allegations of abuse of a resident.
-Intake: #00158590 - Follow-up #2: CO #001 from Inspection #2025-1489-0003 - FLTCA, 2021 - s. 24 (1) Duty to protect – CDD: August 29, 2025, RIF $500.
-Intake: #00158591 - Follow-up #: 1 – CO #001 from #2025-1489-0005, O. Reg. 246/22 - s. 53 (1) 2 Required programs CDD: October 31, 2025.
-Intake: #00159631 and #00159955 related to an outbreak.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1489-0003 related to FLTCA, 2021, s. 24 (1)
Order #001 from Inspection #2025-1489-0005 related to O. Reg. 246/22, s. 53 (1) 2.

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

Skin and Wound Prevention and Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: General requirements

NC #001 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.

According to the home's skin and wound care program, when there is a new altered skin integrity, the nursing staff must add the treatment to the electronic Treatment Administration Record (eTAR), and the registered staff must document the specific injury in a specified progress note.

A) A resident sustained an injury and received treatment. Staff did not document this treatment as required.

Sources: Critical Incident Report, resident's electronic chart, Skin and Wound Care Management Program Policy #006020.01; and interviews with staff.

B) The wound evaluation photo for the injury showed an older injury in the same area. Staff indicated that the injury had been previously reported, however, there were no records documented.

Sources: Critical Incident Report, resident's electronic chart, Skin and Wound Care Management Program Policy #006020.01; and interviews with staff.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

During a transfer unsafe techniques were used that caused an injury to a resident.

Sources: Critical Incident Report, Staff Counselling Form, resident's progress notes; and interviews with staff.

WRITTEN NOTIFICATION: Fall Prevention and Management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

In accordance with O. Reg. 246/22 s. 11 (1) (b) the licensee is required to ensure that the Fall Prevention and Management program is complied with.

A resident had fall prevention interventions identified to be implemented at all times. On a specific day, the inspector observed they were not in place as required.

Sources: Resident's plan of care, observations, interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

In Accordance with Additional Requirement 9.1 and 10.2 under the Infection Prevention and Control (IPAC) Standard, the Hand Hygiene (HH) program related to staff and resident HH was not implemented during snack and meal services on

specific days on Frederick Community home area. Staff did not offer or assist residents in performing HH before they had their snacks and meals and they did not perform HH in between tasks during the services.

Sources: IPAC Standard (Issued April 2022, Revised September 2023), Observations, interviews with staff.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.
Reports re critical incidents
s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):
5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

A disease outbreak was declared on October 3, 2025 and a critical incident (CI) report was not submitted to the Director until October 6, 2025.

Sources: Critical Incident and interview with the IPAC Lead.

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021,the licensee is subject to a re-inspection fee of $500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.
Intake #00158590 Follow-up #2: CO #001 from #2025-1489-0003

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.