

**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

<b>Report Issue Date:</b> February 19, 2026
<b>Inspection Number:</b> 2026-1489-0001
<b>Inspection Type:</b> Complaint Critical Incident
<b>Licensee:</b> peopleCare Not-For-Profit Homes Inc.
<b>Long Term Care Home and City:</b> peopleCare A.R. Goudie Kitchener, Kitchener

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 3-6, 10-13, 17-19, 2026

The inspection occurred offsite on the following date(s): February 13, 2026

The following intake(s) were inspected:

-Intake: #00164733, Intake: #00165668 related to complaints regarding Responsive Behaviours

-Intake: #00165562, Intake: #00167047 related to Infection Prevention and Control

-Intake: #00166040 related to a complaint regarding Prevention of Abuse and Neglect

-Intake: #00166398 related to Falls Prevention and Management

-Intake: #00167039, Intake: #00167733, Intake: #00167995 related to Prevention of Abuse and Neglect

-Intake: #00167554 related to a complaint regarding Infection Prevention and Control

-Intake: #00168848 related to a complaint regarding Residents' Rights and Choices

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

- Contenance Care
- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Residents' Rights and Choices

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Reporting and Complaints  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Religious and spiritual practices

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

**Non-compliance with: FLTCA, 2021, s. 18**

Religious and spiritual practices

s. 18. Every licensee of a long-term care home shall ensure that there is an organized program for the home to ensure that residents are given reasonable opportunity to practise their religious and spiritual beliefs, and to observe the requirements of those beliefs.

On three separate occasions a resident was not given reasonable opportunity to practice their religious and spiritual beliefs, and to observe the requirements of those beliefs when the chapel was not available for use.

**Sources:** Clinical record review, observations, interview with resident and staff

### WRITTEN NOTIFICATION: Duty to protect

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

**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.

Section 2 of the Ontario Regulation 246/22 defines emotional abuse as, “any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident”.

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A) A few months before a complaint email was sent to the home, a staff member was emotionally abusive towards a resident, causing the resident to become agitated. The resident and coworkers asked the staff member to stop; however, they continued their behaviour.

**Sources:** Interviews with staff, complaint email, home's investigation interview with staff

B) A staff member was observed to provoke a resident causing agitation. The home's investigation report described the staff member's interactions with residents as childlike.

**Sources:** Interviews with staff, complaint email, home's investigation interview with staff

C) Section 7 of the Ontario Regulation 246/22 defines neglect as, "the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents".

A resident alerted staff that they required assistance with cares. The resident's assigned caregiver was alerted; however, refused to help the resident when alerted, and instead prioritized non-urgent tasks over resident care.

**Sources:** Written complaint, Home's investigation report, Disciplinary Letter of staff, Interviews with staff

## **WRITTEN NOTIFICATION: Licensee must investigate, respond and act**

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

### **Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (i)**

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(i) abuse of a resident by anyone,

Allegations of staff to resident abuse were made to management of the home involving two separate residents. The home did not commence an investigation into any of these

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incidents immediately.

**Sources:** Email sent to the home, critical incident report, investigation interview with staff, interviews with staff

### **WRITTEN NOTIFICATION: Reporting certain matters to Director**

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

**Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

An email was forwarded to a manager in the home stating that a staff member was witnessed to have provoked a resident, causing the resident to become agitated. The resident and other coworkers requested them to stop; however, they did not. This had been observed months before it was reported.

Another incident involving the same staff member occurred, where the staff member had interacted with a different resident, and provoked them causing agitation. This incident was not reported to the Director at the time.

**Sources:** Email sent to the home, critical incident report, interviews with staff

### **WRITTEN NOTIFICATION: Plan of care**

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

**Non-compliance with: O. Reg. 246/22, s. 29 (3) 5.**

Plan of care

s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.

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The home did not document a resident's triggers and interventions related to their responsive behaviours after they were assessed, in the resident's plan of care.

**Sources:** Interviews with staff, resident clinical records, Responsive Behaviour Policy-004010.00

### **WRITTEN NOTIFICATION: Falls prevention and management**

NC #006 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.

Under the home's falls program, the falls policy indicated that a Head Injury Routine (HIR) was to be initiated by the registered nursing staff for all unwitnessed falls. A resident had five unwitnessed falls. The HIR was not completed fully for any of them.

**Sources:** Resident clinical record, Home's policy Falls Prevention and Management Program Falls Risk Factors and Related Interventions, interview with staff

### **WRITTEN NOTIFICATION: Responsive behaviours**

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

On a specified date, a resident expressed responsive behaviours. Staff reported that the following should have been completed: Behavioural Support Ontario (BSO) referral and

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Dementia Observation System (DOS); however, they were not.

**Sources:** Resident clinical record, interviews with staff

### **WRITTEN NOTIFICATION: Complaints — reporting certain matters to Director**

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

#### **Non-compliance with: O. Reg. 246/22, s. 111 (1)**

Complaints — reporting certain matters to Director

s. 111 (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 28 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 108 (1).

A) The home did not forward to the Director a copy of a written complaint related to allegations of staff to resident abuse, along with a written report documenting the response the licensee made to the complainant.

**Sources:** Interview with staff, email complaint, critical incident report

B) The home received a written complaint of alleged neglect to a resident. The home reported the incident; however, did not submit a copy of the complaint to the Director, nor documentation of the home's response to the complainant.

**Sources:** Critical incident report, Written complaint, Interview with staff

### **COMPLIANCE ORDER CO #001 Complaints procedure — licensee**

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

#### **Non-compliance with: FLTCA, 2021, s. 26 (1) (c)**

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,  
(c) immediately forward to the Director any written complaint that it receives concerning

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the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

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

The licensee shall:

1. Ensure management staff review the Fixing Long Term Care Act (FLTCA) 2021, s. 26 (1) Complaints procedure, s. 28 (1) Reporting certain matters to Director, the Sector Webinar Reporting Requirements and Mandatory Reporting Requirements for LTC Homes fact sheet (June 2023). Maintain a record of the following: Names of staff who completed the document and webinar review, dates the staff reviewed them, and if staff had questions related to the content, document what the questions were and what was done to address them, individually or as a team.
2. Following the review of resources outlined in part 1 above, proceed to reviewing the home's own policies and procedures for handling of complaints and mandatory reporting, to ensure they are in compliance with the legislation. Revise the home's policies and procedures if necessary. Ensure the roles and responsibilities of management (i.e. Executive Director, Director of Care, and Assistant Directors of Care) are clearly outlined for handling of verbal and written complaints, and reporting certain matters to the Director.
3. If revisions were made to the home's policies and procedures to be in compliance with the legislation, develop and implement training to ensure that management staff and charge nurses are educated on the revised policies and procedures. Maintain a record that documents: Contents of the training, names of staff who attended the education, name(s) of who delivered the training, date training was provided, and staff sign-off identifying they completed the training.
4. Review five verbal or written complaints that the home has previously received and were required to be reported as per FLTCA 2021, s. 28 (1), and analyze how the complaint was handled. Include in the review: Type of complaint, reporting actions, any investigation actions, and complaint response. Determine if the complaints were handled in compliance with the home's revised policies and procedures. If they were not, identify what should have been done differently and what actions were taken to prevent further reoccurrence. Maintain a record of the reviews completed, including who conducted the review.

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### Grounds

A) On a specified date, the Substitute Decision Maker (SDM) of Resident A sent management an email regarding several care concerns of the resident. The SDM stated they had not been made aware of the concerns, despite staff indicating the care concerns had been ongoing. The SDM further reported another condition the resident had in which they were previously unaware.

A management staff member acknowledged they had contacted Resident A's SDM and asked whether they wanted the complaint to be reported to the Ministry of Long-Term Care (MLTC). The SDM declined, therefore the complaint was not reported, nor was a written response provided. The management staff member stated they have never had to report anything to the Ministry and that all concerns have been resolved verbally.

B) On a specified date, a written complaint was filed by Resident B to a manager. The complaint contained allegations of staff to resident abuse on one occasion. Further concerns regarding improper infection prevention and control (IPAC) and cleaning practices by staff were identified in the complaint.

The Director was not immediately notified of the above written complaints.

Resident B stated that the manager met with them briefly to review the complaint; however, no other manager followed up regarding the abuse allegation or to discuss the final results or outcome.

A management staff member stated the written complaint submitted by Resident B was not considered a written complaint. They also stated that the allegation of abuse in the complaint was not reported to the MLTC as they were Resident B's observations. An action plan was developed but they had not met with Resident B to provide them with the final resolution. They also stated that if the family routinely communicates via email then the complaint is not considered as written, and the verbal complaint process was followed instead.

**Sources:** Resident A's SDM email complaint, Resident B's email complaint, Response Complaint policy (004100.00), interviews with resident and staff

**This order must be complied with by** April 1, 2026



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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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

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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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).



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