



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
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Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 22, 2013	2013_228172_0003	L-000258-13	Complaint

Licensee/Titulaire de permis

PEOPLECARE INC.
28 WILLIAM STREET NORTH, PO BOX 460 TAVISTOCK, ON N0B-2R0

Long-Term Care Home/Foyer de soins de longue durée

PEOPLECARE A.R.GOUDIE
369 FREDERICK STREET, KITCHENER, ON, N2H-2P1

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JOAN WOODLEY (172)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): May 15,16, 2013

During the course of the inspection, the inspector(s) spoke with a People Care Corporate Representative, the Executive Director, the acting Director of Care, 1 Registered Practical Nurse, 2 Personal Support Workers, a specific Resident and the Resident's companion.

During the course of the inspection, the inspector(s) made observations, reviewed health care records for a specific resident, reviewed staffing levels, linen supplies, meal service and policies,

The following Inspection Protocols were used during this inspection:



- Dining Observation
- Falls Prevention
- Pain
- Personal Support Services
- Safe and Secure Home
- Skin and Wound Care
- Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>



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WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 17.

Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).

(b) is on at all times; O. Reg. 79/10, s. 17 (1).

(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).

(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).

(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).

(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The Licensee has failed to ensure the resident-staff communication and response system is easily accessed by resident at all times.

Observations were made which revealed that the resident's call bell was inaccessible to the resident.

Interviews with the staff, as well as the Executive Administrator confirmed the resident could not reach the call bell. [s. 17. (1) (a)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure a resident - staff communication and response system is easily accessed by a resident at all times, to be implemented voluntarily.



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WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The Licensee has failed to ensure a post fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. No post fall assessment was found to be conducted in a specific resident's health care record after the resident had sustained a fall.

A Staff interview with a People Care Corporate Representative verified there was no post fall assessment completed for a specific resident. [s. 49. (2)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure a post fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls when a resident has sustained a fall, to be implemented voluntarily.



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Issued on this 22nd day of May, 2013

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Joan. L. Woodley