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:** April 29, 2025

**Inspection Number:** 2025-1117-0001

**Inspection Type:**
Complaint
Critical Incident

**Licensee:** peopleCare Communities Inc.

**Long Term Care Home and City:** peopleCare Hilltop Manor Cambridge, Cambridge

## INSPECTION SUMMARY

**The inspection occurred onsite on the following date(s):** April 7-10, 15-17, 22-25, 29, 2025

**The inspection occurred offsite on the following date(s):** April 28, 2025

**The following intake(s) were inspected:**

- Intake: #00139449, #00141040 - related to infection prevention and control
- Intake: #00143408, #00145368 - related to prevention of abuse and neglect

**The following complaint intake(s) were inspected:**

- Intake: #00142472, #00144365 - related to prevention of abuse and neglect
- Anonymous complaint - related to housekeeping, laundry and maintenance services

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

Food, Nutrition and Hydration

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Pain Management

# INSPECTION RESULTS

## WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 3 (1) 19. ii.**
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
19. Every resident has the right to,
ii. give or refuse consent to any treatment, care or services for which their consent is required by law and to be informed of the consequences of giving or refusing consent,

The home failed to ensure that a resident's rights were fully respected and promoted to give or refuse consent for a procedure which their consent was required for, and that they were informed of consequences of giving and refusing consent.

A procedure was attempted on a resident which was not consented for by the resident or their Substitute Decision Maker.

**Sources:** Video footage, the home's internal investigation, physical and electronic chart records, CNO Practice Directives, interviews.

## WRITTEN NOTIFICATION: Licensee Must Investigate, Respond and Act

NC #002 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,

The licensee failed to immediately investigate two suspected incidents of financial abuse reported by a resident.

**Sources:** resident progress notes, interviews.

## WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 28 (1) 4.**
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:
4. Misuse or misappropriation of a resident's money.

The licensee failed to ensure that two allegations of financial abuse were immediately reported to the Director.

**Sources:** Complaints Binder, MLTC Reporting Portal, Abuse or Suspected Abuse and Neglect of a Resident Policy and Procedure, resident progress notes, interviews.

## WRITTEN NOTIFICATION: Communication Methods

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 47**
Communication methods
s. 47. Every licensee of a long-term care home shall ensure that strategies are developed and implemented to meet the needs of residents with compromised communication and verbalization skills, of residents with cognitive impairment and of residents who cannot communicate in the language or languages used in the home.

The licensee failed to ensure that strategies were implemented to meet the needs of a resident with compromised communication due to cognitive impairment and who could not communicate in the language used in the home.

Staff did not ensure that a translator was present to facilitate communication with the resident for an attempted procedure.

**Sources:** Video footage, resident care plan, progress notes, assessments, and interviews.

## WRITTEN NOTIFICATION: Required Programs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.**
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:
4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee failed to ensure that their pain management program to identify and manage pain in residents was complied with for a resident.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee was required to ensure that written policies and procedures developed for the pain management program were complied with.

A resident was experiencing pain, and there were no further assessments or interventions implemented to control or eliminate the resident's pain as per the home's pain management policy.

**Sources:** a resident's plan of care including painad, Resident Assessment Instrument (RAI) - Minimum Data Set 2.0, electronic Medication Administration Record, the home's Pain Management Policy/Procedure, interviews.

## WRITTEN NOTIFICATION: Dining and Snack Service

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.**
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

The licensee failed to ensure that they provided a resident with the personal assistance and encouragement required to safely eat and drink as comfortably as possible.

A staff member did not provide a resident the assistance they required for their meal.

**Sources:** Video footage, the home's internal investigation.

## WRITTEN NOTIFICATION: Infection Prevention and Control

NC #007 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).

The licensee has failed to implement a standard issued by the Director with respect to infection prevention and control (IPAC).

In accordance to additional requirement 9.1 (b) under the IPAC Standard for Long-Term Care Homes (September 2023), the licensee has failed to ensure that staff performed hand hygiene after body fluid exposure risk.

Specifically, a staff member assisted a resident with care that put them at risk of bodily fluid exposure, then assisted the resident with their beverage without performing hand hygiene.

**Sources:** Video footage, IPAC Standard (September 2023), interviews.