

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

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

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 19, 2019	2019_508137_0033	011912-19, 014595- 19, 015365-19	Critical Incident System

**Licensee/Titulaire de permis**

peopleCare Inc.  
735 Bridge Street West WATERLOO ON N2V 2H1

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

peopleCare Tavistock  
28 William Street North P.O. Box 460 Tavistock ON N0B 2R0

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

MARIAN MACDONALD (137)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): August 13-14, 2019**

**Three Critical Incident System (CIS) reports were included in this inspection, related to Falls Prevention. CIS 2614-000004-19 and Log #011912-19; CIS 2614-000006-19 and Log #014595-19; CIS 2614-000007-19 and Log #015365-19**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Resident Care, Assistant Director of Resident Care, Office Manager, Receptionist, Personal Support Workers and residents.**

**The Inspector also observed resident care provision, staff to resident interactions, availability of fall prevention devices and equipment, reviewed resident clinical records, internal investigative reports and relevant policies and procedures.**

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

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<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>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

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1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of the long-term care home to have, institute or otherwise put in place any policy and procedure, the policy and procedure was complied with, related to falls prevention and management.

In accordance with Ontario Regulation 79/10 s. 48(1)1, the licensee was required to ensure that staff in the home complied with the falls prevention and management program policies and procedures that were in place to reduce risk.

Specifically, staff did not comply with the licensee's policy, "Falls Prevention and Management Program – Falls Risk Factors and Related Interventions", Policy # 005190.00, where "a Personal Support Worker (PSW) or any employee finding a resident following a fall will immediately summon the Charge Nurse and will not move the resident until assessed by the same" and Policy #007020.00, "Nursing – Zero Lift and Transfer Program" where "all employees will refer to and follow equipment operating manual for instructions relating to use".

A Critical Incident System (CIS) report was submitted to the Ministry of Long-Term Care (MLTC) where an identified resident sustained a fall with injury during a transfer. The staff failed to follow the recommended instructions for use of the transfer equipment and did not summon the registered staff at the time of the incident, as per the home's policies.

During an interview, both the Director of Resident Care (DRC) #103 and Assistant Director of Resident Care (ADRC) #104 said staff received education related to the recommended instructions for use of the transfer equipment but did not follow them and did not immediately contact the registered staff when a resident had fallen, as per the home's policies.

The licensee has failed to ensure that where the Act or this Regulation required the licensee of the long-term care home to have, institute or otherwise put in place any policy and procedure, the policy and procedure was complied with, related to falls prevention and management. [s. 8. (1) (a),s. 8. (1) (b)]

***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 that staff in the home comply with the falls prevention and management program policies and procedures that are in place to reduce risk, to be implemented voluntarily.***

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**Issued on this    20th    day of August, 2019**

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

**Original report signed by the inspector.**