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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Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: June 12, 2024	
Inspection Number: 2024-1122-0003	
Inspection Type: Proactive Compliance Inspection	
Licensee: peopleCare Communities Inc.	
Long Term Care Home and City: peopleCare Meaford LTC, Meaford	
Lead Inspector Tanya Murray (000735)	Inspector Digital Signature
Additional Inspector(s) Katy Harrison (766)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 16-17, 21-23, 27-31, 2024.

The following intake(s) were inspected:

- Intake: #00116069 - Proactive Compliance Inspection

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Residents' and Family Councils

Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Food, Nutrition and Hydration

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)
Dining and snack service
s. 79 (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

The licensee has failed to ensure that no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

Rationale and Summary
The main course was placed in front of two residents during a meal that required total assistance by staff with eating as per their care plans. The meal was left sitting in front of the residents on the table for a period of time until staff went to that table

to provide assistance to the residents.

Interviews with the Registered Dietician and a PSW confirmed that a resident should not have their meal served until there is a staff available to provide them with the required assistance.

Serving a meal to a resident when staff is not available to provide the required assistance could result in a meal that is not at the acceptable temperature and food that is unpalatable.

Sources: Observation during meal service, interviews with staff, and resident clinical records.
[000735]

WRITTEN NOTIFICATION: Quality Improvement

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (1)
Continuous quality improvement initiative report
s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee has failed to ensure that a report was prepared on the continuous quality improvement (CQI) initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

Rationale and Summary
The Administrator acknowledged that the CQI report for the most recent fiscal year was not posted on the home's website. The Director of Care stated the CQI report dated 2023-2024 had been removed from the website earlier this year.

By not posting the current CQI report to the home's website, individuals may be unable to see actions taken to monitor and improve the care and services provided by the home.

Sources: Home's website, and interviews with staff.
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