

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: February 9, 2026

Inspection Number: 2026-1462-0001

Inspection Type:

Complaint
Critical Incident

Licensee: peopleCare Communities Inc.

Long Term Care Home and City: peopleCare Oakcrossing London, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 2, 3, 4, 5, 9, 2026

The following intake(s) were inspected:

- Intake: #00165206 - Critical Incident System (CIS) #2980-000053-25 concerning unaccounted narcotics
- Intake: #00165211 - CIS #2980-000052-25 concerning a resident fall with injury
- Intake: #00168295 - CIS #2980-000003-26 concerning a written complaint regarding resident care
- Complaint Intake: #00168425 concerning resident wound care
- Complaint Intake #00168433 concerning resident wound care and resident care concerns

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

Skin and Wound Prevention and Management
Medication Management
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Drug destruction and disposal

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

Non-compliance with: O. Reg. 246/22, s. 148 (2) 3.

Drug destruction and disposal

s. 148 (2) The drug destruction and disposal policy must also provide for the following:

3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

A staff member and the Director of Care (DOC) stated that a registered staff member may have disposed of the medication in a narcotic wastage bin without completing required documentation and without having the disposal witnessed by a second registered staff member, contrary to the home's Controlled Substance Disposal Policy.

Sources: Controlled Substance Disposal Policy; Waste Report and Event summary Report and interviews with staff members.

COMPLIANCE ORDER CO #001 Training

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 82 (2) 10.

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Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.

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

1) Develop and implement a documented standardized process to ensure that all specified registered nursing staff members receive training on the home's policies relevant to their roles and responsibilities, including medication management, safe storage, and the appropriate disposal of controlled substances.

2) Communicate the process developed and implemented in part 1 of the order to all staffing agencies with whom the home has contract or agreement. Maintain a documented record of the communication.

3) Provide retraining to all registered nursing staff working through agencies on the home's medication management policies, including the safe storage and appropriate disposal of controlled substances, and the automated dispensing cabinet processes for medication administration. Maintain a record of retraining, including the date, the names of the staff who completed it and the content of the materials covered.

Grounds

A medication incident involved a registered staff member who did not safely store controlled substances or dispose of them in accordance with the home's controlled

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substance policy.

No documentation was available within LTCH to confirm that the registered nursing staff member and other specified registered nursing staff members had completed training on the home's policies for medication management, including the safe storage and disposal of controlled substances.

Sources: Medication Administration and Medication Management Policy- Valleyside Healthcare Services; Review of a registered staff's training records, Incident investigation notes; Critical Incident #2980-000053-25; and interviews with staff members.

This order must be complied with by March 20, 2026

COMPLIANCE ORDER CO #002 Safe storage of drugs

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

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

1) Develop and implement an auditing tool to monitor that medication carts in a specific home area are locked at all times when not in use and when registered nursing staff are not within reach or directly supervising, and that no medications are

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left on or in the medication cart drawers which can not be locked.

2) The Director of Care (DOC) or designate shall conduct audits by using an auditing tool to monitor that safe medication storage process are being followed by registered nursing staff members on the specific home area once weekly until the order is complied with.

3) Maintain records of all audits conducted including corrective actions taken, and ensure these records are retained within the long term care home and are readily accessible for review.

Grounds

A staff member inadvertently removed medication from the automated medication dispensing cabinet and did not return the excess controlled substances to the cabinet after removal and did not notify the incoming shift of the additional medications in the medication cart. The excess controlled substances were stored in an unlocked drawer within the medication cart and were accessed by a resident.

Sources: Controlled Substance Disposal Policy; Waste Report and Event summary Report; Medication incident and Investigation documents; and interviews with staff members.

This order must be complied with by March 20, 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, 8th floor
Toronto, ON, M7A 1N3

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e-mail: 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

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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.