

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: June 12 2024	
Original Report Issue Date: June 7 2024	
Inspection Number: 2024-1462-0002 (A1)	
Inspection Type: Critical Incident	
Licensee: peopleCare Communities Inc.	
Long Term Care Home and City: peopleCare Oakcrossing London, London	
Amended By Debbie Warpula (577)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to:
changed the report issue date from June 7, 2024 to June 10, 2024

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Long Term Care Home and City: peopleCare Oakcrossing London, London	
Lead Inspector Debbie Warpula (577)	Inspector Digital Signature
Additional Inspector(s) Stephanie Morrison (000831) Stephanie Newton (000820)	
Amended By Debbie Warpula (577)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 29, 30, 31, 2024 and June 3, 2024

The following intake(s) were inspected:

- Intake: #00113507 - Critical Incident System (CIS) report #2980-000022-24 related to a resident fall with injury;
- Intake: #00114505 - CIS #2980-000024-24 related to an unexpected death of a resident; and
- Intake: #00114920 - CIS #2980-000025-24 related to an unexpected death of a resident.

The following Inspection Protocols were used during this inspection:

Food, Nutrition and Hydration
Infection Prevention and Control
Falls Prevention and Management

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised related to mobility and transfer status.

Rationale and Summary

A Critical Incident System (CIS) report was received by the Director related to a resident fall with an injury.

The resident had a fall which resulted in an injury and they experienced a change in their care needs.

During an interview with a physiotherapist (PT), they confirmed that the resident required specified levels of assistance depending on their strength and fatigue levels and that the care plan was not updated appropriately to reflect the resident's

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current status. The PT also stated that it was their responsibility to update the particular assessment logos in each of the resident's rooms and to update the appropriate section of the care plan to communicate this to all staff providing care to the residents.

During an interview with a Registered Practical Nurse (RPN) they also reviewed the current care plan and verified the care plan was not up to date regarding resident's specific care needs and with their activities of daily living (ADLs).

The resident was a risk for falls, their interventions were not reflective of their current needs and there was a risk that a specified level of assistance would not be implemented.

Sources: Review of a CIS report, review of a resident's care plan and progress notes, the home's policy "Care Plan and Plan of Care", interviews with a PT and an RPN.

[000820]

Date Remedy Implemented: June 3, 2024

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 3 (1) 3.

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:

3. Every resident has the right to have their participation in decision-making respected.

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The licensee has failed to ensure that a resident's right to have their participation in decision-making regarding a medical intervention was respected during a medical incident.

Rationale and Summary

When a resident was admitted to the home, the resident's substitute decision maker (SDM) signed a consent form representing the resident's wishes for a particular medical intervention. A previously signed order, which was no longer representative of the resident's wishes, was left at the front of the resident's chart.

An interview with Executive Director (ED) confirmed that the signed consent form for a particular medical intervention, superseded the previously signed order, and that it should have been moved to the back of the resident's chart to prevent confusion.

The home not having initiated a particular medical intervention when the resident was assessed to be having a medical incident, resulted in the resident's participation in decision-making not having been respected.

Sources: Review of the resident's plan of care, progress notes, and a particular consent form, and a CIS report; and Interviews with the ED, Coroner and other staff.

[000831]

WRITTEN NOTIFICATION: Training and orientation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 1.

Training

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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:

1. The Residents' Bill of Rights.

The licensee has failed to ensure that a recently hired staff member received training on The Residents' Bill of Rights within one week of beginning to perform their responsibilities within the home.

Rationale and Summary

A staff member stated they had not received any SURGE training prior to beginning to perform their responsibilities.

Interview with the ED confirmed that the staff member had not completed their SURGE training prior to starting in their role and reviewed their SURGE Learning training record to confirm that the staff member had not received SURGE training on The Residents' Bill of Rights. They confirmed that the only form of training during orientation on Residents' Bill of Rights was SURGE training.

The recently hired staff member not having received training on The Residents' Bill of Rights prior to beginning to perform their responsibilities in the home put the residents at risk of not having their rights respected.

Sources: Interview with the staff member and the ED, policy review of "Employee Orientation".

[000820]

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WRITTEN NOTIFICATION: Training and orientation

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 3.

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:

3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

The licensee has failed to ensure that a recently hired staff member received training on the home's policy to promote zero tolerance of abuse and neglect of residents.

Rationale and Summary

A staff member stated they had not received any SURGE training prior to beginning to perform their responsibilities.

Interview with the ED confirmed that the staff member had not completed their SURGE training prior to starting in their role and reviewed their SURGE Learning training record to confirm that the staff member had not received SURGE training on the homes policy of abuse and neglect. They confirmed that the only form of training during orientation on the homes policy of abuse and neglect was SURGE training.

There was a risk that the policy to promote zero tolerance of abuse and neglect would not be followed, when the recently hired staff member was not trained on their roles and responsibilities as outlined in the policy

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Sources: Interviews with a staff member and the ED, Policy review of “Employee Orientation”.

[000820]

WRITTEN NOTIFICATION: Training and Orientation

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 4.

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:

4. The duty under section 28 to make mandatory reports.

The licensee has failed to ensure that a recently hired staff member received training on the homes policy on duty to report and mandatory reports.

Rationale and Summary

A staff member stated they had not received any SURGE training prior to beginning to perform their responsibilities.

Interview with the ED confirmed that the staff member had not completed their SURGE training prior to starting in their role and reviewed their SURGE Learning training record to confirm that the staff member had not received SURGE training on the homes policy for mandatory reporting. They confirmed that the only form of training during orientation on the homes policy for mandatory reporting was SURGE

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training.

There was a risk that the recently hired staff member would not be aware of their duty under section 28 to make mandatory reports when they were not trained on their roles and responsibilities outlined in the policy

Sources: Interview with a staff member and the ED, policy review of "Employee Orientation".

WRITTEN NOTIFICATION: Training and orientation

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 7.

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:

7. Fire prevention and safety.

The licensee has failed to ensure that a recently hired staff member received training on the home's policy for Fire prevention and safety.

Rationale and Summary

A staff member stated they had not received any SURGE training prior to beginning to perform their responsibilities.

Interview with the ED confirmed that the staff member had not completed their SURGE training prior to starting in their role and reviewed their SURGE Learning

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training record to confirm that the staff member had not received SURGE training on the homes fire prevention and safety policy. They confirmed that the only form of training during orientation on the homes policy for fire prevention and safety was SURGE training.

There was a risk that a recently hired staff member who was not trained in fire prevention and safety, would not know the homes procedures to keep residents safe in the event of a fire.

Sources: Interview with a staff member and fire prevention and safety the ED, policy review of "Employee Orientation".

[000820]

WRITTEN NOTIFICATION: Training and Orientation

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 8.

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:

8. Emergency and evacuation procedures.

The licensee has failed to ensure that a recently hired staff member received training on the homes policy on emergency and evacuation procedures.

Rationale and Summary

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A staff member stated they had not received any SURGE training prior to beginning to perform their responsibilities.

Interview with the ED confirmed that the staff member had not completed their SURGE training prior to starting in their role and reviewed their SURGE Learning training record to confirm that the staff member had not received SURGE training on the homes emergency and evacuation policy. They confirmed that the only form of training during orientation on the homes policy for emergency and evacuation policy was SURGE training.

There was a risk that the recently hired staff member who was not trained on the emergency and evacuation procedures, would not know their role in an emergency or how to assist residents to safety in an evacuation.

Sources: Interview with a staff member and the ED, policy review of "Employee Orientation".

[000820]

WRITTEN NOTIFICATION: Training and orientation

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 9.

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:

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9. Infection prevention and control.

The licensee has failed to ensure that a recently hired staff member received training on infection prevention and control.

Rationale and Summary

A staff member stated they had not received any SURGE training prior to beginning to perform their responsibilities.

Interview with the ED confirmed that the staff member had not completed their SURGE training prior to starting in their role and reviewed their SURGE Learning training record to confirm that the staff member had not received SURGE training on infection prevention and control. They confirmed that the only form of training during orientation on the homes policy infection prevention and control was SURGE training.

There was a risk to the health of the residents, by the spread of infection when a recently hired staff member was not trained on the procedures to prevention and control infection.

Sources: Interview with a staff member and the ED, policy review of "Employee Orientation".

[000820]

WRITTEN NOTIFICATION: Availability of supplies

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 48

Availability of supplies

s. 48. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

The licensee has failed to ensure particular supplies were readily available at the home to meet the emergency needs of a resident.

Rationale and Summary

On a particular day, a resident experienced a medical incident. The resident required immediate treatment and the nursing home staff responded to the incident.

Two Registered Practical Nurses (RPNs), who were both present during the incident, stated a particular apparatus was not equipped with the proper supplies to provide the resident with a medical treatment. As a result, the resident did not receive the medical treatment during an assessed incident.

Not having a particular apparatus that was properly equipped with the required supplies, caused the resident to not receive medical treatment during an assessed choking incident.

Sources: Review of a resident's plan of care and progress notes, and policy "Suctioning of the Airway", and review of a CIS; and interviews with two RPNs.

[000831]

WRITTEN NOTIFICATION: Infection Prevention and Control

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NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 259 (2) (a)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(a) hand hygiene

The licensee has failed to ensure that the Infection Prevention and Control training required for a recently hired staff member included hand hygiene.

Rationale and Summary

The IPAC SURGE 2024 records for the staff member had not included completed material on hand hygiene.

The staff member stated they had not completed the hand hygiene modules in SURGE. They confirmed that the only form of training on hand hygiene during orientation was through SURGE training.

The ED and Inspector #577 reviewed the required IPAC modules for SURGE learning and they confirmed that it was not completed.

There was risk to residents as the recently hired staff member had not completed the required IPAC training within one week of when they began performing their responsibilities.

Sources: interviews with a staff member and the ED, and record review of SURGE learning 2024.

[577]

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WRITTEN NOTIFICATION: Infection Prevention and Control

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 259 (2) (c)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(c) signs and symptoms of infectious diseases

The licensee has failed to ensure that the IPAC training required for a recently hired staff member included signs and symptoms of infectious disease.

Rationale and Summary

The IPAC SURGE 2024 records for the staff member had not included completed material on signs and symptoms of infectious disease.

The staff member stated they had not completed the signs and symptoms of infectious disease modules in SURGE. They confirmed that the only form of training on the signs and symptoms of infectious disease during orientation was through SURGE training.

The ED and Inspector #577 reviewed the required IPAC modules for SURGE learning and the ED confirmed that it was not completed.

There was risk to residents as the recently hired staff member had not completed the required IPAC training within one week of when they began performing their responsibilities.

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Sources: interviews with the staff member and the ED, and record review of SURGE learning 2024.

[577]

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 259 (2) (d)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(d) respiratory etiquette

The licensee has failed to ensure that the IPAC training required for a recently hired staff member included respiratory etiquette.

Rationale and Summary

The IPAC SURGE 2024 records for the staff member had not included completed material on respiratory etiquette.

The staff member stated they had not completed respiratory etiquette modules in SURGE. They confirmed that the only form of training on respiratory etiquette during orientation was through SURGE training.

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The ED and Inspector #577 reviewed the required IPAC modules for SURGE learning and the ED confirmed that it was not completed.

There was risk to residents as a recently hired staff member had not completed the required IPAC training within one week of when they began performing their responsibilities.

Sources: interviews with the staff member and the ED, and record review of SURGE learning 2024.

[577]

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 259 (2) (e)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes, (e) what to do if experiencing symptoms of infectious disease

The licensee has failed to ensure that the IPAC training required for a recently hired staff member included what to do if experiencing symptoms of infectious disease.

Rationale and Summary

The IPAC SURGE 2024 records for a recently hired staff member had not included completed material on what to do if experiencing symptoms of infectious disease.

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The staff member stated they had not completed what to do if experiencing symptoms of infectious disease modules in SURGE.

The ED and Inspector #577 reviewed the required IPAC modules for SURGE learning and the ED confirmed that it was not completed.

There was risk to residents as the recently hired staff member had not completed the required IPAC training within one week of when they began performing their responsibilities.

Sources: interviews with a staff member and the ED, and record review of SURGE learning 2024.

[577]

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 259 (2) (f)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,

(f) cleaning and disinfection practices

The licensee has failed to ensure that the IPAC training required for a recently hired staff member included cleaning and disinfection.

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Rationale and Summary

The IPAC SURGE 2024 records for the staff member had not included completed material on cleaning and disinfection.

The staff member stated they had not completed cleaning and disinfection modules in Surge.

The ED and Inspector #577 reviewed the required IPAC modules for SURGE learning and the ED confirmed that it was not completed.

There was risk to residents as the recently hired staff member had not completed the required IPAC training within one week of when they began performing their responsibilities.

Sources: interviews with a staff member and the ED, and record review of SURGE learning 2024.

[577]

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 259 (2) (h)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,

(h) handling and disposing of biological and clinical waste including used personal protective equipment.

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The licensee has failed to ensure that the IPAC training required for a recently hired staff member included handling and disposing of biological and clinical waste.

Rationale and Summary

The IPAC SURGE 2024 records for a staff member had not included completed material on handling and disposing of biological and clinical waste.

The staff member stated they had not completed handling and disposing of biological and clinical waste modules in SURGE.

The ED and Inspector #577 reviewed the required IPAC modules for SURGE learning and the ED confirmed that it was not completed.

There was risk to residents as the recently hired staff member had not completed the required IPAC training within one week of when they began performing their responsibilities.

Sources: interviews with a staff member and the ED, and record review of SURGE learning 2024.

[577]