

**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:** January 23, 2025

**Inspection Number:** 2025-1462-0001

**Inspection Type:**

Proactive Compliance Inspection

**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):

January 14, 15, 16, 17, 20, 21, and 23, 2025

The inspection occurred offsite on the following date(s):

January 22, 2025

The following intake(s) were inspected:

- Intake: #00136556 - Proactive Compliance Inspection - 2025

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

Skin and Wound Prevention and Management  
Resident Care and Support Services  
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

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Staffing, Training and Care Standards  
Residents' Rights and Choices  
Pain Management

## 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 (1) (c)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident

The licensee failed to ensure that there was a written plan of care for a resident that set out clear direction for the use of an intervention related to skin integrity.

Although nursing staff knew to implement the intervention, the care plan did not provide clear direction for the use of the intervention. The care plan was updated to provide clear direction related to preventing altered skin integrity.

**Sources:** clinical record review of the care plan for the resident, observations, and interviews with the Wound Care Nurse and the Skin & Wound Lead.

Date Remedy Implemented: January 21, 2025

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**WRITTEN NOTIFICATION: Duty to Respond**

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

**Non-compliance with: FLTCA, 2021, s. 63 (3)**

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to respond in writing within ten days, when the Residents' Council advised the licensee of concerns or recommendations. There were concerns identified in Residents' Council meeting minutes with no written response provided.

**Sources:** Residents' Council meeting minutes for July, August, September and October 2024, interview with the Residents' Council President and Assistant.

**WRITTEN NOTIFICATION: Pain Management**

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

**Non-compliance with: O. Reg. 246/22, s. 57 (2)**

Pain Management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee failed to ensure that when two residents had pain that was not relieved by initial interventions during a seven day observation period, the residents were assessed using the Pain Assessment/Sedation Score which was the clinically appropriate assessment instrument specifically designed for this purpose.

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**Sources:** clinical record review of the RAI-MDS, Medication Administration Records, pain progress notes and Pain Assessments for the resident, observations and interviews with the resident and the Pain Lead.

## **WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report**

NC #004 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 prepare a report on the continuous quality improvement initiative for the home. The Executive Director stated the quality improvement narrative and workplan for Ontario Health was completed, but not a report as required in the Fixing Long Term Care Act.

**Sources:** The Health Quality Ontario Quality Improvement Narrative and Workplan posted on the home's website, Residents and Family Councils meeting minutes, Quality Improvement Committee meeting minutes, and interview with the Executive Director.