



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

London Service Area Office  
291 King Street, 4th Floor  
London ON N6B 1R8

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291, rue King, 4<sup>l</sup>ém étage  
London ON N6B 1R8

**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
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Date(s) of Inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
October 12, 2010	2010_191_2980_04Oct153451	Complaint L-01231

**Licensee/Titulaire**

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

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

peopleCare Oakcrossing, 1242 Oakcrossing Road, London ON N6H 0G2

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

Kim White #191

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection related to resident choice, prevention of abuse and the management of complaints from residents and/or family members.

During the course of the inspection, the inspector spoke with : The Administrator, Assistant Director of Care, Registered Practical Nurse, Personal Support Workers, residents and daughter of one resident.

During the course of the inspection, the inspector: held interviews and reviewed resident file.

The following Inspection Protocols were used in part or in whole during this inspection:

Dignity, Choice and Privacy  
Reporting and Complaints

There are no findings of Non-Compliance as a result of this inspection.

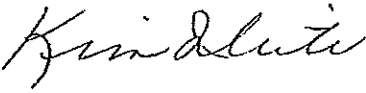


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.  
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection). October 13, 2010