



Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
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Table with 3 columns: Date(s) of Inspection, Inspection No, Type of Inspection. Row 1: Oct 4, 5, 11, 15, 2012; 2012_183135_0004; Complaint

Licensee/Titulaire de permis

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 LONDON
1242 Oakcrossing Road, LONDON, ON, N6H-0G2

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with Acting Executive Director, Director of Clinical Services, Director of Resident Care, Registered Practical Nurse, 2 Personal Support Workers, Director of Dietary Services, Assistant Director of Dietary Services, Staffing Clerk, 8 residents and a family member.

During the course of the inspection, the inspector(s) reviewed clinical records, staffing procedures, policies and procedures, conducted a tour of home area, observed residents care and meal service in home area.

Log# L-001287-12

The following Inspection Protocols were used during this inspection:

- Dining Observation
Personal Support Services
Sufficient Staffing

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. Home's Call In Procedure for Personal Support Workers states:
When a sick or absent call is received, a Sick Call/Absent Report will be filled out.
The home did not comply with the Call In Procedure when Personal Support Workers were not replaced, nor the appropriate Sick Call/Absent Report initiated for the following staff shortages:

Staffing records for White Pine home area for August 5, 12, 18 and 19th, 2012 revealed that 4/5 (80%) of full and part time shifts for Sick/Absent Calls for Personal Support Workers in White Pine home area were not covered.

In interview, the Director of Clinical Services confirmed the staff shortages had not been covered and it was her expectation that sick or absent calls be replaced using the home's Call In procedure policy. [O.Reg. 79/10, s. 8 (1)(b)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



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Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. During lunch service October 4, 2012, in White Pine Dining room, resident and family member expressed their concerns that some lunch menu items were not hot when served.

The following items were noted as not being held at safe, palatable temperatures (minimum of 140F) when probed by the home's Director of Dietary Services:

Pancakes 118F
Chicken Burger 138F
Puree Chicken 118F

In interview, Director of Dietary Services confirmed her expectation that food and fluids are served at a temperature that is both safe and palatable for residents. [O.Reg. 79/10, s. 73.(1)6.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring food and fluids served to residents are at temperatures that are both safe and palatable, to be implemented voluntarily.

Issued on this 15th day of October, 2012



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Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Bonnie Mac Donald