



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

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Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 30, 2013	2013_228172_0018	L-000479-13	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**

JOAN WOODLEY (172)

**Inspection Summary/Résumé de l'inspection**

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

This inspection was conducted on the following date(s): July 16, 2013

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Resident Services, a Physiotherapist, a Social Worker, 1 Cook, 1 Registered Practical Nurse, and 4 Personal Support Workers.

During the course of the inspection, the inspector(s) made observations and reviewed health care records.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention



Personal Support Services

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



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Long-Term Care

Ministère de la Santé et des  
Soins de longue durée

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

Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
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1. The Licensee has failed to ensure the care set out in the plan of care is provided to the resident.

Care plan review reveals a resident is to be toileted when the resident wakes up, after meals and at bedtime. As well at 0000 and 0400am to prevent falls.

A specific Resident was observed to drink 3 glasses of juice, 1 cup of coffee and 1 bowl of soup at lunch. That resident was taken and laid down for an afternoon rest without being toileted.

Staff interview with a Personal Support Worker revealed that this resident is toileted before lunch and is incontinent 99 % of the time. [s. 6. (7)]

***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 to ensure a resident receives the care that is set out in their plan of care, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids**

**Specifically failed to comply with the following:**

**s. 37. (2) The licensee shall ensure that each resident receives assistance, if required, to use personal aids. O. Reg. 79/10, s. 37 (2).**

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**Findings/Faits saillants :**

1. The Licensee has failed to ensure a resident received assistance to use personal aids if required.

Resident observations at lunch revealed a resident did not have their hearing aide in place.

This was confirmed by the Personal Support Worker assisting the resident with lunch  
Staff interview with Registered Practical Nurse revealed at 1355 hours, a specific resident's hearing aid was still at the nurses' station [s. 37. (2)]

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**WN #3: 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:**

**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:**

**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. O. Reg. 79/10, s. 73 (1).**

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**Findings/Faits saillants :**

1. The Licensee has failed to ensure a resident is provided with any eating aids required to safely eat as comfortably and independently as possible.

Resident observations at lunch revealed the adaptive utensil that a specific resident was to use was not available until after the resident had finished eating soup with a regular spoon, assisted by a Personal Support Worker.

The adaptive utensil was placed on the table after 12:30 pm.

Staff interview with the Cook confirmed the utensils should be placed on a resident's table around 11:30 am for the start of lunch. [s. 73. (1) 9.]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records**

**Every licensee of a long-term care home shall ensure that,**

**(a) a written record is created and maintained for each resident of the home; and**

**(b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.**

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**Findings/Faits saillants :**

1. The Licensee has failed to ensure the resident's written record is kept up to date at all times.

Record review revealed no documentation related to the resident being transferred to the hospital.

Staff interviews with Executive Director and Manager of Resident Services confirmed that they could not find documentation related to the resident being transferred to hospital. There was documentation of the event and the return from the hospital. [s. 231. (b)]



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Issued on this 30th day of July, 2013

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

*Joan L. Woodley R.N*