



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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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
Apr 9, 2014	2014_260521_0015	L-000368-14	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

REBECCA DEWITTE (521)

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): April 01, 02 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Nurse Manager, Registered Staff, Housekeeping Staff, Social Worker, Recreational Assistants, Personal Support Workers, Residents and Family Members.

During the course of the inspection, the inspector(s) Observed snack services, medication administration, staff/resident interactions and reviewed health records and homes policies.

The following Inspection Protocols were used during this inspection:



Contenance Care and Bowel Management
 Falls Prevention
 Infection Prevention and Control
 Medication
 Personal Support Services
 Prevention of Abuse, Neglect and Retaliation
 Responsive Behaviours

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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**
-

Findings/Faits saillants :

1. The licensee failed to ensure that the provision of the care set out in the plan of care was documented.

The plan of care states a Resident will be toileted every two hours. The home used a chart to document each instance of toileting. The chart indicated the resident was not toileted every two hours.

A review of the toileting flow charts revealed:

In March no documentation for a toileting routine performed in an eight hour and a five hour period.

Another date in March no documentation for a toileting routine performed in a ten hour, and two four periods.

Another date in March no documentation for a toileting routine performed in a nine hour, a four hour period and a seven hour period.

Another date in March no documentation for a toileting routine performed in a six hour, seven hour and a three hour period.

The Administrator confirmed it is the expectation that the staff document when care in the plan of care is performed. [s. 6. (9) 1.]



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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 that all care that is performed is documented as completed when it is completed, to be implemented voluntarily.

WN #2: 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:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the protocol regarding food in the resident's shared fridge was complied with. There was a notice on the Resident shared fridge in the common area stating "All items are to be named and dated in the fridge."

In April the items in the fridge consisting of a cake and a container with a cooked squash half eaten inside failed to have a name and date on. This was verified by staff. [s. 8. (1) (b)]

2. The licensee failed to ensure the protocol regarding resident's eye glasses was complied with.

In April a container filled with residents eye glasses were noted to be in a container in the nurses station. An interview with staff present revealed the eye glasses were collected the night before and staff plan to clean them before returning them to the correct residents.

The Administrator revealed it is the homes protocol that all residents glasses are cleaned and returned to the resident by breakfast daily. The residents had not had the eye glasses returned by breakfast. [s. 8. (1) (b)]



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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 that all protocols are followed by staff, to be implemented voluntarily.

WN #3: 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. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).

(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids labeled within 48 hours of admission and of acquiring, in the case of new items.

In April some shared bathrooms contained personal care items that were not labeled with the resident name:

Room - Be fresh mouth wash, toothpaste and tooth brushes.

Room - Toothpaste and toothbrushes.

Spa room - Hair brushes, deodorants, shaving cream and body lotion.

This was verified by the unit staff. [s. 37. (1) (a)]



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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 that all personal care items are labeled within 48 hours of admission and of acquiring, in the case of new items, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that drugs are stored in a medication cart that is secure and locked.

In April it was observed that two drugs were not locked in the medication cart while the cart was unattended and the registered staff member was not in eye sight of the cart. This was verified by the staff on the unit. [s. 129. (1) (a)]



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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 that all drugs are stored in a medication cart that is secure and locked, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The licensee failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times.

In April in a resident bathroom an extremely flammable aerosol was noted to be on the floor accessible to residents. This was confirmed by staff on the unit. [s. 91.]

Issued on this 10th day of April, 2014

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

REBECCA DEWITTE