



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

**Rapport d'inspection
prévus 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

Bureau régional de services de London
291, rue King, 4^{ième} 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
conformité

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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.

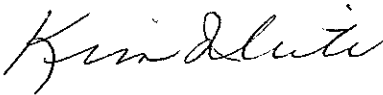


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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné		Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation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