



**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

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

Telephone: 519-675-7680
Facsimile: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

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|--|---|---|
| Date(s) of inspection/Date de l'inspection April 11 and 19, 2011 | Inspection No/ d'inspection 2011-144-2129-11Apr111314 | Type of Inspection/Genre d'inspection L-000545-11 Complaint |
|--|---|---|

Licensee/Titulaire
Iler Lodge, 111 Iler Avenue, Essex, ON N8M 1T6

Long-Term Care Home/Foyer de soins de longue durée
Iler Lodge, 111 Iler Avenue, Essex, ON N8M 1T6

Name of Inspector(s)/Nom de l'inspecteur(s)
Carolee Milliner (#144)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to resident care and services.

During the course of the inspection, the inspector spoke with 3 residents, the Administrator and Director of Care, one RN, one RPN and 3 PSW's.

During the course of the inspection, the inspector reviewed 3 resident clinical records, the home Resident Non-Abuse Policy, the home attendance list for Annual Mandatory Training and the home Critical Incident records from November 2010 to the dates of inspection.

The following Inspection Protocols were used in part or in whole during this inspection:
Prevention of Abuse, Neglect and Retaliation.

Findings of Non-Compliance were found during this inspection. The following action was taken

2 WN
1 VPC

NON- COMPLIANCE / (Non-respectés)



Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O.c.8,s.24(1)2

A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

(2) Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

Findings:

1. A mandatory report was not immediately forwarded to the Director in response to an incident of verbal abuse resulting in emotional & psychological harm to one resident from one employee.
2. On the date of inspections, a mandatory report had not been forwarded to the Director.

Inspector ID #: 144

WN #2: The Licensee has failed to comply with O. Reg. 79/10,s.8(1)(b)

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,

(b) is complied with.

Findings:

1. One resident, one RPN & three PSW's confirm verbal abuse from one employee has been occurring since January 2011 toward one resident.
2. The Administrator and Director of care confirm the home Resident Non-Abuse policy was not followed related to immediately reporting alleged, suspected or witnessed abuse to the Executive Director.

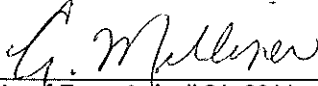
Inspector ID #: 144

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 related to immediately reporting alleged, suspected or witnessed abuse to the Executive Director, to be implemented voluntarily.



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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. | |
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| Title: | Date: | Date of Report: April 21, 2011 | |
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