



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

**Rapport d'inspection  
en vertu de la *Loi de 2007  
sur 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

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**Ministère de la Santé et des Soins de  
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 26, 2010	2010 144 2129 26Aug121320	Follow-Up to June 24/10

**Licensee/Titulaire**  
Rivera Incorporated,  
66 Standish Court, 8<sup>th</sup> Floor, Mississauga, ON L5R 4B2

**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

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a follow-up inspection in respect of the following previously identified unmet criteria issued June 24,2010:  
Other Review A1.11(4) re-issued June 24/10, April 19/10  
Other Review B2.4 re-issued June 24/10, April 19/10, July 14/09  
Other Review M1.18 issued June 24/10  
Other Review M3.7 issued June 24/10.

During the course of the inspection, the inspector spoke with: the Administrator, Charge Nurse, one (1) RPN & two (2) PSW's.

During the course of the inspection, the inspector reviewed the minutes of July 20/10 Registered Staff Meeting & Education In Service information related to the Home Non Abuse Policy, Ministry Critical Incident Requirements, two (2) mandatory Critical Incident Reports as well as a review of two (2) resident clinical records.

The following Inspection Protocols were used in part or in whole during this inspection:  
Responsive Behaviours

1 Finding of Non-Compliance was found during this inspection. The following action was taken:  
1 WN  
1 VPC

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

**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'exigences prévue le paragraph 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. 2007, s6(1)(c) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

**Findings:**

1. One resident was sexually assaulted by a second resident. The written plan of care does not set out clear directions to staff who provide care to the resident to prevent recurrence of the assault.

**Further Inspector Actions:**

VPC-pursuant LTCHA, 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 be implemented voluntarily.

The written plan of correction should ensure the written plan of care for each resident sets out, clear directions for staff and others who provide direct care to the resident.

**Inspector ID #:** 144

**CORRECTED NON-COMPLIANCE  
Non-respectés à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
A1.11(4)	Now in Compliance		Other Review, June 24, 2010	144
M1.18	Now in Compliance		Other Review, June 24, 2010	144
M3.7	Now in Compliance		Other Review, June 24, 2010	144



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*Act, 2007*

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

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). August 26, 2010