



**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

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**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
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Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b> October 6, 2010	<b>Inspection No/ d'inspection</b> 2010_141_2736_05Oct160859	<b>Type of Inspection/Genre d'inspection</b> Complaint H-00696
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**Licensee/Titulaire**  
Devonshire Erin Mills Inc.  
195 Dufferin Ave., Suite 800, London, On. N6A 1K7

**Long-Term Care Home/Foyer de soins de longue durée**  
Erin Mills Lodge Nursing Home 2132 Dundas Street, West, Mississauga, Ontario, L5K 2K7

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Sharlee McNally, Compliance Inspector-Nursing #141

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a complaint inspection related to alleged abuse

During the course of the inspection, the inspector spoke with: the Administrator, Director of Care, registered staff and residents

During the course of the inspection, the inspector: reviewed resident's records, observed residents during the time in the home.

The following Inspection Protocols were used during this inspection:  
Personal Support Services  
Responsive Behaviours

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

**NON- COMPLIANCE / (Non-respectés)**

<b>Definitions/Définitions</b>  <b>WN</b> – Written Notifications/Avis écrit <b>VPC</b> – Voluntary Plan of Correction/Plan de redressement volontaire <b>DR</b> – Director Referral/Régisseur envoyé <b>CO</b> – Compliance Order/Ordres de conformité <b>WAO</b> – 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 <i>Long-Term Care Homes Act, 2007</i> (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 <i>Loi de 2007 les foyers de soins de longue durée</i> 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.

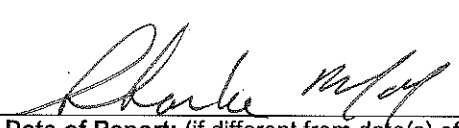
<b>WN #1: The Licensee has failed to comply with: LTCHA 2007, S.O 2007, c. 8, s.6(1)(c)</b>  <b>s.6(1)(c): Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).</b>	
<b>Findings:</b>  1. A written plan of care with interventions has not been initiated for an identified resident related to responsive behaviours.	
<b>Inspector ID #:</b>	#141

<b>WN #2: The Licensee has failed to comply with: LTCHA 2007, S.O 2007, c. 8, s.6(10)(b)</b>  <b>s.6(10)(b): The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary</b>	
<b>Findings:</b>  1. There is no documented evidence that an assessment has been completed related to an identified resident's responsive behaviours.	
<b>Inspector ID #:</b>	#141

<b>WN #3: The Licensee has failed to comply with: O. Reg. 79/10, s.53(1)4</b>  <b>s.53(1)4: Every licensee of a long-term care home shall ensure that the following are developed to</b>	
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meet the needs of residents with responsive behaviours: Protocols for the referral of residents to specialized resources where required.	
<b>Findings:</b> 1. An identified resident with documented increased responsive behaviours has not had a referral completed to outside psychogeriatric resources..	
<b>Inspector ID #:</b>	#141

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). 