



**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

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

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

<b>Date of inspection/Date de l'inspection</b> February 9, 2011	<b>Inspection No/ d'inspection</b> 2011_147_2581_09Feb131215	<b>Type of Inspection/Genre d'inspection</b> Critical Incident – H-01387
<b>Licensee/Titulaire</b> Revera Long Term Care Inc. 55 Standish Court, 8 <sup>th</sup> Floor Mississauga, Ontario L5R 4B2 Fax: 289-777-1406		
<b>Long-Term Care Home/Foyer de soins de longue durée</b> Baywoods Place 330 Main Street East Hamilton, Ontario L8N 3T9 Fax: 905-570-0154		
<b>Name of Inspector</b> Laleh Newell - #147		
<b>Inspection Summary/Sommaire d'inspection</b>		



The purpose of this inspection was to conduct a Critical Incident inspection related to an inappropriate sexual incident that occurred between a female and male resident.

During the course of the inspection, the inspector spoke with:

Administrator, Director of Care, RAI Coordinator and staff

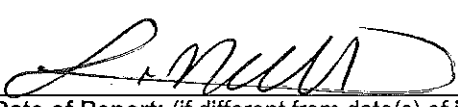
During the course of the inspection, the inspector:

Interviewed staff, reviewed clinical charts and progress notes for both residents involved, reviewed internal investigation and internal incident report and reviewed home's policy and procedure related to resident to resident abuse.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse and Neglect

There are no findings of Non-Compliance as a result of this inspection.

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.	
		 April 27/11	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	