



**Ministry of Health and
Long-Term Care**

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

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 20, 2014	2014_216144_0059	L-001398-14	Resident Quality Inspection

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH 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 ou des inspecteurs

CAROLEE MILLINER (144), ROCHELLE SPICER (516), TERRI DALY (115)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 3, 4, 5, 6, 7, 2014

During the course of the inspection, the inspector(s) spoke with 40+ residents, three family members, the Administrator, Director of Nursing, Assistant Director of Nursing, Nutrition Manager, the Physiotherapist, Assistant Physiotherapist, Maintenance personnel, one Registered Nurse, 5 Registered Practical Nurses, 14 Personal Service Workers and one Dietary Aide.

During the course of the inspection, the inspector(s) toured all resident home areas and one medication room, observed dining service, medication administration, provision of resident care, recreational activities, resident/staff interactions, infection prevention and control practices, reviewed residents clinical records, posting of required information, meeting minutes related to the inspection and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



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Specifically failed to comply with the following:

**s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).**

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



1. The licensee has failed to ensure that staff and others involved in different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

a) Resident #002 was observed on two occasions in a tilt wheelchair in a reclined position for over an hour at a time.

b) Inspector #115 was unable to find a consent, a physician's order, point of care documentation, quarterly assessments and information on the plan of care related to the use of the tilt wheelchair as a personal assistance safety device (PASD).

c) One nursing staff explained that the resident is typically up for meals only, however on occasion is left up for short periods in a reclined position in the tilt wheelchair.

d) The Assistant Director of Care (DOC) confirmed that an integrated assessment, to ensure consistency for care and use of the tilt wheelchair as a PASD for Resident #002 should have been completed. [s. 6. (4) (a)]

2. The licensee did not ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

a) Resident #43 has a diagnosis of having had a stroke [REDACTED]

b) The resident shared [REDACTED] they experience [REDACTED] considerable pain in both his arms and legs.

c) Four nursing staff and two management personnel confirmed the resident has considerable pain when care is provided and with transfers and, that their pain triggers unwanted responsive behaviours toward staff.

d) The Physician had ordered a narcotic analgesic to be administered daily at 4:00 pm and every two hours as needed for breakthrough pain.

e) The medication for breakthrough pain was last administered on August 29, 2014.

f) Registered staff were not able to confirm to Inspector #144 that the resident has been offered the breakthrough medication however, did confirm there is no documentation in the clinical record since August 29, 2014 to support medication refusals.

g) Two management staff concurred that the resident's plan of care has not been followed as specified and that breakthrough medication should be offered to the resident prior to the provision of care. [s. 6. (7)]



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 to ensure that staff and others involved in different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).

(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :



1. The licensee did not ensure that the nutrition care and hydration program includes the recording of resident heights annually after admission.

- a) Review of 40 resident clinical records by Inspectors 115, 144 and 516 revealed that 37/40 resident heights have not been recorded annually as required.
- b) One Registered Practical Nurse (RPN) confirmed the 37 resident heights have not been recorded in resident clinical records within one year of their last height and that many resident heights have not been recorded since 2011 and 2012.
- c) The RPN further confirmed it is the responsibility of registered personnel to record resident heights in the residents clinical records.
- d) The Administrator acknowledged the requirement to complete and record resident heights annually. [s. 68. (2) (e) (ii)]

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 to ensure that the nutrition care and hydration program includes the recording of resident heights annually after admission., to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

a) Review of resident #28's clinical record revealed the resident has a lesion [REDACTED]

b) The Wound Care Champion shared that the lesion was not currently being assessed or treated [REDACTED].

c) The Wound Care Champion and a registered staff member confirmed the lesion [REDACTED].

d) The homes established skin and wound care program indicates that any skin breakdown should be assessed weekly, monitored on an ongoing basis and a plan of care including interventions should be in place.

e) Inspector #516 was unable to locate recent weekly assessments or a plan of care for the [REDACTED] lesion.

f) The Wound Care Champion and Administrator confirmed resident #28 did not have a plan of care in place with interventions for the management and monitoring of the [REDACTED] lesion. They further confirmed weekly assessments had not been completed.

g) The Administrator confirmed weekly assessments should have been completed and that a plan of care with interventions should have been in place. [s. 30. (2)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care



Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
- (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
- (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
- (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
- (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**
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Findings/Faits saillants :

1. The licensee has failed to ensure the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds was assessed by a registered dietitian who is a member of the staff of the home.

- a) A review of resident #26's clinical record revealed the resident developed stage one pressure ulcers [REDACTED] and continues to require treatment to these ulcers.
- b) A referral to the registered dietitian was completed on October 13, 2014.
- c) The Nutrition Manager confirmed the referral had been provided to the Registered Dietitian on October 16, 2014.
- d) Inspector #516 was unable to locate a Registered Dietitian assessment related to the stage one pressure ulcers.
- e) On November 06 2014, the Administrator confirmed resident #26 had not yet been assessed by the Registered Dietitian and that the resident should have been assessed on October 16, 2014 when the Registered Dietitian attended the home. [s. 50. (2) (b) (iii)]
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Issued on this 20th day of November, 2014

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs