Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 16, 2017	2017_563670_0017	035074-16, 006478-17	Follow up

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
5015 Spectrum Way Suite 600 MISSISSAUGA ON 000 000

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

DEBRA CHURCHER (670)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): July 19, 20 and 21, 2017.

During the course of the inspection, the inspector(s) spoke with eight Residents, the Administrator, one Restorative Aide, four Personal Support Workers and one Registered Nurse.

The inspector also reviewed resident clinical records, home policies and procedures, observed the provision of resident care and resident-staff interactions.

The following intakes were completed within the Follow up:
Log# 033060-16 CIS# 2129-000030-16 related to falls.
Log# 008791-17 CIS# 2129-000023-17 related to alleged abuse.
Log# 014659-17 CIS# 2129-000030-17 related to alleged abuse.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.
- **3 WN(s)**
- **3 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19.	WN	2016_419658_0011	670
LTCHA, 2007 S.O. 2007, c.8 s. 19.	WN	2017_538144_0002	670
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2017_538144_0002	670
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2016_419658_0011	670

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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

Specifically failed to comply with the following:

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 the care set out in the plan of care was provided to the resident as specified in the plan.

Review of the clinical record for a specific resident stated that the resident had an unwitnessed fall with no injury on a specific date. Progress notes stated that the Personal Support Worker (PSW) had reported that the falls prevention equipment was turned off at the time of the fall. The care plan stated the resident was to have specific falls prevention equipment in place when in bed or in the chair.

The Administrator and a Registered Nurse (RN) both acknowledged that the falls prevention equipment was not applied correctly. The Administrator and the RN both stated that it would be the expectation of the home that the staff would follow the plan of care and should have ensured the falls prevention equipment was turned on and functioning.

The severity was determined to be a level two as there was minimal harm or potential for actual harm. The scope of this issue was isolated and the home has a history of one or more related non-compliance in the last three years. [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 the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care was based on an interdisciplinary assessment with respect to the resident's health conditions including allergies, pain, risk of falls and other special needs.

Review of a specific resident's clinical record stated an unwitnessed fall on a specific date with no injury. Progress note dated for a specific date stated the resident was assessed as a specific risk for falls. Review of the care plan stated the resident was a specific risk for falls however, the assessed risk for falls and the risk for falls stated in the care plan did not correlate.

The home policy and procedure Fall Prevention and Injury Reduction Index CARE5-O10.02 stated "The Nurse reviews and updates the Resident's plan of care and the interdisciplinary progress notes."

The Administrator and a Registered Nurse (RN) both acknowledged that the care plan had not been updated post fall to reflect the residents current risk level. The Administrator and RN both stated that it would be the expectation of the home that the care plan would be updated immediately once a change in risk level was noted.

The severity was determined to be a level two as there was minimal harm or potential for actual harm. The scope of this issue was isolated and the home has a history of one or more related non-compliance in the last three years. [s. 26. (3) 10.]

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 plan of care is based on, at a minimum, interdisciplinary assessment of the following with respect to the resident's health conditions, including allergies, pain, risk of falls and other special needs, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident has fallen that the resident has been assessed and, if required, a post-fall assessment be conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Review of clinical documentation stated that a specific resident experienced an unwitnessed fall on a specific date.

The Inspector was unable to locate a post falls assessment in the clinical record. The Administrator and a Registered Nurse (RN) were also unable to locate a post falls assessment in the clinical record.

The home policy and procedure Fall Prevention and Injury Reduction Index CARE5-O10.02 stated "For all falls, a clinical assessment is completed and documented."

The Administrator and the RN both stated that it would be the expectation of the home that every resident that experiences a fall would have a post falls assessment completed as soon as possible after a fall.

The severity was determined to be a level two as there was minimal harm or potential for actual harm. The scope of this issue was isolated and the home has a history of one or more unrelated non-compliance in the last three years. [s. 49. (2)]

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 when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, to be implemented voluntarily.

Issued on this 17th day of August, 2017

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

Original report signed by the inspector.