



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 prévue
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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 22, 2019	2019_563670_0004	026487-18, 027213- 18, 027423-18, 031449-18	Complaint

Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 MISSISSAUGA ON
L4W 0E4

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), CASSANDRA TAYLOR (725)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): February 11, 12, 13, 14 and 19, 2019.

The following intakes were inspected during this inspection;

Log# 027423-18 IL-60877-LO Complaint related to falls prevention.

Log# 027213-18 IL-60804-LO Complaint related to lack of assessments.

Log# 031449-18 IL-62173-LO Complaint related to improper medication administration.

Log# 026487-18 IL-60476-LO Complaint related to staffing, personal support services and abuse.

During the course of the inspection, the inspector(s) spoke with the Administrator, three Registered Nurses, three Registered Practical Nurses, the Nutrition Manager, one Physiotherapist, one Physiotherapy Assistant, one Nursing Rehabilitation Aide, six Personal Support Workers and two Health Care Aides.

During the course of this inspection the Inspectors observed the overall maintenance and cleanliness of the home, observed the provision of care and staff to resident interactions, reviewed relevant clinical records and home policies and programs and completed relevant interviews with staff, families and residents.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Falls Prevention

Medication

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Sufficient Staffing



During the course of this inspection, Non-Compliances were issued.

- 2 WN(s)
- 2 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Légende
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. (10) 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,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

A complaint IL-60877-LO was received by the Ministry of Health and Long-Term Care.

Review of resident #003's clinical record showed a progress note that stated the resident's had a specific risk and the risk increased from a medium risk to a high risk.

Review of resident #003's current care plan showed the resident as a medium risk and having specific preventive interventions in place.

Resident #003 was observed on a specific date with two of the care planned interventions not in place.

Resident #003 was observed on subsequent specific date with two of the care planned interventions not in place.

During an interview with Personal Support Worker (PSW) #105 they stated that the staff do not keep two specific interventions in place as it agitates the resident and the resident and puts them at risk.

During an interview with RN #109, the progress notes, care plan and observations were reviewed. RN #109 confirmed that they had assessed resident #003 as a high risk, and that the care plan interventions related to the two specific interventions were not current with the resident's assessed specific needs. RN #109 acknowledged that the care plan was not updated accurately at the time the resident's fall risk level changed from a medium risk to a high risk and that the care plan interventions where not based on the resident's current needs.

During an interview with Administrator #100 they acknowledged that the plan of care was not revised based on the resident's current abilities and needs.

The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary. [s. 6. (10) (b)]



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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 resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that drugs were administered to the resident in accordance with the directions for use specified by the prescriber.

The Ministry of Health and Long-Term Care received a complaint IL-62173-LO.

Resident #001's clinical record stated that resident #001 had a specific medication to be administered at two specific times during the day and a different specific medication to be administered at one specific time daily.

Review of resident #001's progress notes and the home's internal investigation stated that the resident had been administered the specific medication that was ordered to be given two times daily instead of the specific medication that was ordered to be given one time daily.

During an interview with Administrator #100 they acknowledged that a medication error had occurred and the medication was not administered as prescribed.

The licensee has failed to ensure that drugs were administered to resident #001 in accordance with the directions for use specified by the prescriber. [s. 131. (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 drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.



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Issued on this 25th day of February, 2019

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

Original report signed by the inspector.