

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
Jul 8, 2019	2019_563670_0019	011354-19, 012032-19	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), JULIE DALESSANDRO (739)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 24, 25, 26 and 27, 2019.

The following Complaint inspections were completed.

**Log# 012032-19 IL-67634-LO related to concerns regarding staffing levels.
Log# 011354-19 IL-67377-LO related to concerns regarding responsive behaviors and personal care.**

During the course of the inspection, the inspector(s) spoke with the interim Executive Director, the Director of Care, one Registered Nurse, one Assistant Director of Care Resident Assessment Instrument Coordinator, one Registered Practical Nurse Behavior Supports Ontario Resident Assessment Instrument Coordinator, one Health Care Aide, five Personal Support Workers and one Personal Support Worker external Behavior Supports Ontario.

During the course of this inspection, the inspector(s) also observed the overall maintenance and cleanliness of the home, observed staff to resident interactions, the provision of care, reviewed applicable internal documents and policies and procedures and reviewed the applicable clinical records for the identified residents.

The following Inspection Protocols were used during this inspection:

**Personal Support Services
Responsive Behaviours
Sufficient Staffing**

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

**1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the staffing plan provided for a staffing mix that was consistent with residents' assessed care and safety needs and met the requirements set out in the Act and this Regulation.

A complaint was called into the Ministry of Health and Long-Term Care INFOline Log # 012032 / IL-67634-LO. The complainant stated that the home was short Personal Support Workers on the afternoon shift and they were unsure if care was met for resident #003.

Record Review of the staff schedule for a two week time frame, showed that on a specific date, there were six Personal Support Workers (PSW's) working the evening shift for all four units in the home. During an interview with Assistant Director of Nursing (ADOC) #106 they indicated that the regular complement would be two PSW's per unit which is eight staff members total for all four units in the home.

Record review of the bath/shower schedule for resident #003 indicated that resident #003 was normally scheduled to receive their baths on two specific evenings every week. A review of the follow-up report in Point Click Care (PCC) dated for a specific date, at

2122 hours it was documented that the activity of bathing did not occur.

During an interview with ADOC #106, they indicated that according to the documentation resident #003 did not have their bath as scheduled, nor was the bath completed before their next scheduled bath day.

Record review of the bath/shower schedule for resident #004 indicated that resident #004 was normally scheduled to receive their baths on two specific evenings every week. A review of the follow-up report in Point Click Care (PCC) did not have documentation to support that a bath or shower was given to resident #004 during the evening shift on a specific date. An interview with ADOC #106 was conducted and they indicated that if the documentation is not in PCC then the bath did not get done. ADOC #106 also confirmed that resident #004's bath did not get completed before their next scheduled bath day.

Record review of the bath/shower schedule for resident #005 indicated that resident #005 was normally scheduled to receive the baths on two specific evenings every week. A review of the follow-up report in Point Click Care (PCC) dated for a specific date, at 1608 hours it was documented that the activity of bathing did not occur.

During an interview with Director of Care (DOC) #101, they confirmed that resident #005 did not receive a scheduled bath. DOC #101 also stated that resident #005's bath did not get completed until their next scheduled bath day.

The ADOC #106 acknowledged that resident #003, and resident #005 did not receive their bath during the evening shift on a specific date, due to PSW staffing levels. The DOC # 101 acknowledged that resident #005 did not receive their bath during the evening shift on a specific date, due to PSW staffing levels.

The licensee has failed to ensure that the staffing plan provided for a staffing mix that was consistent with residents' assessed care needs for resident #003, #004, and #005.
[s. 31. (3)]

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 staffing plan provides for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation, to be implemented voluntarily.

Issued on this 8th day of July, 2019

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

Original report signed by the inspector.