

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

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

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
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 28, 2022	2022_791739_0007	017354-21, 018398- 21, 020958-21, 001244-22, 001369-22	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

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): February 15, 16, 17, 22, 23, and 24, 2022.

During the course of this inspection the following intakes were completed:

Log #017354-21 related to personal support services and continence care

Log #018398-21 related to personal support services

Log #020958-21 related to personal support services

Log #001244-22 related to personal support services and dining

Log #001369-22 related to personal support services

During the course of the inspection, the inspector(s) spoke with Residents, a Housekeeper, Personal Support Workers, a Physiotherapist Assistant, a Physiotherapist, a Registered Practical Nurse, Registered Nurses, the Food Service Manager, and the Director of Care.

During the course of this inspection the inspector(s) also conducted observations and record reviews relevant the inspection.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Food Quality

Infection Prevention and Control

Pain

Personal Support Services

Reporting and Complaints

Skin and Wound Care

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (9) The licensee shall ensure that the following are documented:**
- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

The licensee has failed to ensure that the provision of care set out in the plan of care for a resident was documented.

Record review of the resident's plan of care in Point Click Care (PCC) indicated that the resident was on a toileting schedule.

A review of the resident's "Documentation Survey Report" in PCC showed no documentation that toileting had been completed, as per the resident's schedule, on five different days in the same month.

During interviews with Personal Support Worker (PSW) #100 and #101, they both stated that when toileting was completed it was documented in Point of Care (POC). They then stated that if there were blanks in documentation then it likely indicated that the staff working had forgotten to document the task of toileting as per the resident's schedule.

During an interview with the home's Director of Care (DOC) they acknowledged that there was missing documentation related to the resident's toileting schedule and stated that the expectation would have been that all care was documented in POC.

Sources: Plan of care, documentation survey report, interviews with PSW #100 and #101 as well as an interview with the DOC.

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 provision of care set out in the plan of care is documented, to be implemented voluntarily.

Issued on this 28th day of February, 2022

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

Original report signed by the inspector.