

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: June 4, 2025

Inspection Number: 2025-1051-0003

Inspection Type:

Complaint
Critical Incident

Licensee: Axiom Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axiom Extendicare LTC II GP Inc.

Long Term Care Home and City: Iler Lodge, Essex

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: May 27-30 & June 2-4, 2025

The following intakes were inspected:

- Intake: #00143419 - complaint relating to dining
- Intake: #00144598 - complaint relating to staffing, dining and maintenance
- Intake: #00144660 - relating to the use of glucagon
- Intake: #00146657 - complaint relating to alleged neglect
- Intake: #00147593 - complaint relating to plan of care

The following **Inspection Protocols** were used during this inspection:

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Prevention of Abuse and Neglect

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Reporting and Complaints

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee failed to ensure there was clear direction to staff related to a resident's individualized intervention.

A resident had an intervention in place which had been inactivated. Staff had indicated if they required information for resident's interventions, they would have reviewed the care plan. On review of the care plan, the use of the intervention had not been documented.

On May 28, 2025, staff confirmed the residents care plan was updated to reflect the intervention.

Sources: Observations, staff interviews and resident clinical records.

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Date Remedy Implemented: May 28, 2025

WRITTEN NOTIFICATION: Reports and Complaints

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee failed to ensure that a written complaint received by the home was forwarded to the Director. In an interview with the Director of Care (DOC) it was acknowledged that the home omitted to submit the written complaint to the Director.

Sources: The home's complaint records, Ontario Long Term Care Homes portal, Interview with DOC

WRITTEN NOTIFICATION: Skin and Wound

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)

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(ii) upon any return of the resident from hospital, and

The licensee failed to ensure that a resident with altered skin integrity received a skin assessment by an authorized person upon return from the hospital. Specifically, a resident presented with altered skin integrity, was transferred to the hospital and returned the same day. The resident did not receive a skin assessment by an authorized person upon return from the hospital.

Sources: resident's clinical record, interview with staff

WRITTEN NOTIFICATION: Skin and Wound

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that a resident with altered skin integrity, received a skin assessment by an authorized person using a clinically appropriate assessment specifically designed for skin and wound assessment, as per legislation. In an interview with staff, it was confirmed that a resident did not receive a skin assessment when they sustained an area of altered skin integrity.

Sources: Resident's clinical record, interview with staff

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WRITTEN NOTIFICATION: Skin and Wound

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure that a resident was re-assessed at least weekly by the registered staff when the resident sustained an area of altered skin integrity. During an interview with staff, it was confirmed that weekly re-assessments were not completed as scheduled.

Sources: resident's clinical record and interview with staff

WRITTEN NOTIFICATION: Skin and Wound

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (e)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

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The licensee failed to ensure that a resident who sustained an area of altered skin integrity received a dietary referral upon the identification of the skin impairment. In an interview with staff, it was acknowledged that the resident should have received a dietary referral when the home detected the area of impairment.

Sources: resident's clinical record and interview with staff

WRITTEN NOTIFICATION: Reports and Complaints

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,
 - i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee failed to ensure that the response provided to a person who made a complaint included the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

Sources: The home's complaint records and staff interview with Executive Director.

The licensee failed to ensure that a resident's Power of Attorney (POA) that sent a written complaint to the home, received information about the Ministry's toll-free

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telephone number and the contact information for the Patient Ombudsman, as required by legislation.

Sources: The home's complaint records and interview with DOC.

WRITTEN NOTIFICATION: Residents' drug regimes

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 146 (b)

Residents' drug regimes

s. 146. Every licensee of a long-term care home shall ensure that,
(b) appropriate actions are taken in response to any medication incident involving a resident, any incidents of severe hypoglycemia and unresponsive hypoglycemia and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

The licensee has failed to ensure that appropriate actions were taken in response to an incident of unresponsive hypoglycemia involving a resident.

A resident did not receive appropriate action immediately following an episode of unresponsive hypoglycemia. The home's DOC stated it was the expectation that the resident would have received treatment immediately. The resident was admitted to the hospital as a result of the incident.

Sources: review of resident's clinical records and interview with the DOC.

COMPLIANCE ORDER CO #001 Dealing with complaints

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

Dealing with complaints

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s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. Review and revise the home's policy and procedure to ensure that Ontario Regulations (O. Regs) 246/22, section 108 (1) 1 requirements are included and any other required sections relating to reporting and complaints
2. Keep a written record of the review and revision of the complaints policy including who was involved, the date it was revised and what changes were made
3. Complete education with any person in the home who may be responsible for managing and investigating complaints regarding the reviewed and revised policy
4. Keep a written record of the education provided, including the date the education was completed, who provided the education and who received education

Grounds

The licensee has failed to ensure that a verbal complaint made to a staff member concerning the care of a resident was investigated and that a response was provided within 10 business days of the receipt of the complaint.

A review of resident clinical records indicated the resident's POA had expressed concerns to the home's Assistant Director of Care (ADOC) regarding an incident where the resident sustained injuries. During an interview with the DOC, it was confirmed that there was no information to support that the complaint was

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investigated or responded to in accordance with O. Reg 246/22 s. 108 (1) 1.

Sources: Review of resident clinical records and interview with DOC

The licensee failed to ensure that an investigation was conducted upon the receipt of a written complaint from a residents POA, concerning an incident where the resident sustained injuries. In an interview with the DOC, it was indicated that no investigation was initiated.

Sources: The home's complaint records, resident clinical records, and interview with DOC

This order must be complied with by July 18, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.