Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: May 8, 2025

Inspection Number: 2025-1051-0002

Inspection Type:
Proactive Compliance Inspection

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

Long Term Care Home and City: Iler Lodge, Essex

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 24-30, 2025 and May 1, 2, 5-8, 2025

The following intake(s) were inspected:

- Intake: #00144697 - Proactive Compliance Inspection - 2025

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
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards

Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 the plan of care provided clear direction to staff when a resident's diet order indicated the resident was minced texture and the written care plan indicated the resident was regular texture.

Sources: Resident medical records and staff interviews.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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.

The licensee failed to ensure that a resident received their planned diet texture

during lunch service.

Source: Resident clinical records, observation and staff interviews.

WRITTEN NOTIFICATION: Windows

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 19
Windows
s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee failed to ensure that every window in the home that opened to the outdoors and was accessible to residents had a screen and could not be opened more than 15 centimeters (cm). Windows in resident room's were observed and measured to be opened more than 15cm.

Sources: Observations and interviews with staff.

WRITTEN NOTIFICATION: Air Temperatures

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (1)
Air temperature
s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

During the inspection it was observed that the temperature of various area's in a resident home area were below 22 degrees Celsius. In addition, the Home's internal records confirmed the temperatures for the same unit were not consistently maintained at the minimum temperature of 22 degrees Celsius.

Sources: Observations, interviews, temperature sensor alerts.

WRITTEN NOTIFICATION: 24-hour admission care plan

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 27 (1)
24-hour admission care plan
s. 27 (1) Every licensee of a long-term care home shall ensure that a 24-hour admission care plan is developed for each resident and communicated to direct care staff within 24 hours of the resident's admission to the home. O. Reg. 246/22, s. 27 (1).

The licensee failed to ensure that a 24-hour admission care plan was developed for a resident and communicated to the direct care staff within 24 hours of the resident's admission to the home.

Sources: Resident clinical records and staff interviews.

WRITTEN NOTIFICATION: Initial plan of care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 28 (1) (a)
Initial plan of care
s. 28 (1) Every licensee of a long-term care home shall ensure that,

(a) the assessments necessary to develop an initial plan of care under subsection 6 (6) of the Act are completed within 14 days of the resident's admission; and

The licensee failed to ensure the initial assessments to develop the plan of care were completed for a resident within 14 days of the resident's admission.

Sources: Resident clinical records and staff interview.

WRITTEN NOTIFICATION: Plan of care

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 10.
Plan of care
s. 29 (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.

The licensee failed to ensure there was a multidisciplinary assessment for pain for a resident who was newly admitted to the Long-Term Care Home (LTCH). A pain assessment was initiated, but was not completed. The resident's care plan did not include a pain focus. Documentation showed that a resident reported an incident of pain, however, no intervention and no assessments were initiated.

Sources: Resident's clinical records, resident and staff interviews.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #008 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 weekly re-assessments of skin and wound evaluations were completed for two residents with impaired skin integrity.

A) A record review of a resident's skin and wound assessment record revealed that a weekly skin reassessment had been missed, indicating that a wound had not been formally assessed for a period of 14 days.

Sources: Resident medical records, interviews with staff.

B) A record review of a resident's skin and wound assessment record revealed that weekly skin reassessments had been missed, indicating that three wounds had not been formally assessed for a period of 14 days.

Sources: Resident medical records, interviews with staff.

WRITTEN NOTIFICATION: Pain management

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

The licensee failed to initiate strategies to manage pain for a resident when the resident, who was reporting pain, was not assessed for pain and a Pro Re Nata (PRN) analgesic was not offered.

Sources: Resident medical records, resident and staff interviews.

WRITTEN NOTIFICATION: Dining and snack service

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 1.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents.

The licensee failed to ensure that the dining service daily menu posted on two resident home areas matched the daily menu being served during a lunch service.

Sources: Observation, the home's menus and staff interviews.

WRITTEN NOTIFICATION: Safe Storage of Drugs

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The licensee has failed to ensure that controlled substances were stored in a double-locked stationary cupboard in the locked area.

During observations of the locked medication rooms in the home it was noted that there was no double lock system in place for controlled substances that required refrigeration and the refrigerators were not stationary and moveable.

Sources: Observations, Interview with staff.

WRITTEN NOTIFICATION: Drug Destruction and Disposal

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 148 (1)
Drug destruction and disposal
s. 148 (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,
(a) all expired drugs;
(b) all drugs with illegible labels;
(c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the Drug and Pharmacies Regulation Act; and
(d) a resident's drugs where,
(i) the prescriber attending the resident orders that the use of the drug be discontinued,
(ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or
(iii) the resident is discharged and the drugs prescribed for the resident are not sent

with the resident under section 137. O. Reg. 246/22, s. 148 (1).

The licensee failed to comply with the home's policy for the destruction of non-controlled substances, as included in the home's medication management system.

In accordance with O. Reg 246/22 s. 11 (1) b, the licensee is required to ensure that written policies and protocols for drug destruction and disposal are developed for the medication management system and that they are complied with.

Staff did not comply with the policy "Medication-LTC-Narcotic and controlled drugs management" which required all drugs designated for disposal to be placed in the designated container provided by the medical waste company.
Two registered staff members stated that when a liquid medication is discontinued, the liquid medication is poured down the drain and the medication container is placed in the designated container for destruction.

Staff did not comply with "Medication-LTC-Narcotic and controlled drugs management" and "Policies and procedures: Manual for medisystem serviced homes (August 2024)". The two documents outline that a team of two staff members acting together must ensure, strip medication pouches be cut in two and, prior to the lid being sealed, drugs must be destroyed by creating a slurry.

Two registered staff members stated that water is not added to the pail to make a slurry when the destruction bin is full and is brought to a secure room for storage. In an interview with Assistant Director of Care (ADOC) it was stated that water should be added to the pail when destructing the drugs.

Sources: Staff interviews, Observations, home and pharmacy policies.

COMPLIANCE ORDER CO #001 Dining and snack service

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically the licensee must;
A. Educate the Dietary Aide, relating to the safe food handling and temperature policy and procedure.
B. Maintain a written record of the education completed, when it was completed and how and who provided the education.
C. Provide notice to all the dietary department with reminders of the safe food temperature requirements and actions required if temperature are not at acceptable levels.
D. Keep a record of when and how the notice was provided.

Grounds
The licensee failed to ensure that cold food items served at the lunch service on a unit were served within a safe temperature range of 0 - 4 degrees Celsius (C). Cold items of; Mandarin oranges regular textured, minced and pureed, and tossed salad regular textured, minced and pureed were documented above 4 degrees C. The home's policy outlines safe temperature ranges and corrective actions required when safe temperatures are not achieved. A Dietary Aide took the food temperatures but did not identify the unsafe food temperature range and served the

food items.

Registered Dietitian, indicated foods that were mechanically altered, such as minced and pureed, were at a higher risk for bacterial growth when not in a safe temperature range. There was a risk to all residents who received one of the identified cold food items, for the potential exposure to food borne illness relating to bacterial growth.

Sources: Unit food temperature logs, Policy and procedure and staff interviews.

This order must be complied with by June 20, 2025

COMPLIANCE ORDER CO #002 Safe storage of drugs

NC #014 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(ii) that is secure and locked,

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

A) Review and revise as necessary the policy and procedure for the safe storage and use of topical medications.

B) Complete education related to section A) with all registered nursing staff and Personal Support Worker's (PSW). A written record must be kept to include the

method of how the education was provided, when it was provided and who completed the education.

C) Director of Care (DOC) or delegate will complete an audit of each home area daily, rotating between the day and evening shift. The audit must include but is not limited to the safe storage and use of topical medications, any deficiencies and corrective actions taken. The daily audits will start upon the receipt of this order will continue until such time that the order is complied by a Ministry of LTC inspector.

A written record must be kept of everything required under (A), (B), and (C) until the Ministry of Long-Term Care has determined the licensee has complied with this order.

Grounds

The licensee has failed to ensure that resident topical medications were stored in an area which was kept secured and locked.

During an observation on three home areas the topical medications for all residents were found stored in a container that was handed to the PSW to apply topical medications to residents. On two occasions the topical medications stored within the container were found in a non secure or locked area.

In an interview with the DOC it was stated that the home's practice for the storage of topical medications was not secure.

As per the home's policy, the registered staff will conduct an assessment prior to the delegation of the topical medication to a PSW to ensure the proper application of the medicated cream and monitor the cream was applied as indicated in the treatment record. Additionally, the policy also states the PSW will return the topical medication to a secure designated area immediately after the task was completed.

Residents were placed at risk of possible exposure and/or inappropriate usage/application of multiple medicated treatment creams when the treatment medication was not stored in a secured and locked area.

Sources: Staff interviews, observations, Policy - Medication - Assignment and delegation to unregulated care providers.

This order must be complied with by July 25, 2025

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

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

Toronto, ON, M5S 1S4

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

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.