



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 15, 2015	2015_216144_0067	026081-15	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

CAROLEE MILLINER (144)

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): December 9, 2015

The inspection was related to nutrition and hydration, fall prevention, transfers and continence status.

During the course of the inspection, the inspector(s) spoke with one resident, the Executive Director, Director of Nursing (DON), one Registered Practical Nurse (RPN), two Personal Support Workers (PSWs), one Health Care Aide (HCA), one Physiotherapist Assistant (PA) and one Dietary Aide (DA).

During the course of the inspection, one resident clinical record were reviewed. One resident was observed in the dining room during one meal service.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Nutrition and Hydration**

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>Legendé</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. (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,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provided direct care to the resident.

A) Review of the clinical record for one resident revealed the resident was at risk for falls.

B) The DON, two PSWs and one HCA confirmed the resident's transfer status. The required equipment was observed by the Inspector to be available in the resident's room.

D) The resident's current plan of care did not include the transfer equipment required by the resident and observed by the Inspector.

E) The DON confirmed the resident's plan of care did not provide clear directions for staff related to their transfer status. [s. 6. (1) (c)]

2. A) The plan of care for one resident included a specifically prescribed diet.

B) The resident was observed by the Inspector during one meal, eating a diet that was not consistent with the diet included in the plan of care.

C) The resident's current dietary profile and physician's order identified the resident was prescribed the diet they were observed eating.

D) The DON, one RPN, two PSWs and one DA confirmed the resident was prescribed the diet they were observed eating.

E) The DON confirmed the resident's plan of care did not provide clear direction to staff and should have included the correct prescribed diet. [s. 6. (1) (c)]

3. A) One resident's annual assessment identified they were occasionally incontinent.

B) The resident's current plan of care identified the resident was frequently incontinent.

C) One RPN, two PSWs and one HCA on interview, identified the resident was occasionally incontinent.

D) The DON confirmed the resident's plan of care did not provide clear direction to staff and should have included the resident's current continence status. [s. 6. (1) (c)]



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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 plan of care sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

Issued on this 21st day of December, 2015

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

Original report signed by the inspector.