



**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  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 14, 2016	2015_216144_0069	033766-15	Complaint

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### **Licensee/Titulaire de permis**

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

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### **Long-Term Care Home/Foyer de soins de longue durée**

ILER LODGE  
111 ILER AVENUE ESSEX ON N8M 1T6

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### **Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CAROLEE MILLINER (144)

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## 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 16, 2015**

**The complaint inspection was related to the plan of care, pain management, skin and wound care and duty to protect.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Nursing, Registered Dietitian, one Registered Practical Nurse and one Personal Support Worker.**

**Inquiry and intake record #IL-41205-LO and one resident clinical record were reviewed. One resident was observed.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Nutrition and Hydration  
Pain  
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>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. (5) The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident’s plan of care. 2007, c. 8, s. 6 (5).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the SDM was given an opportunity to participate fully in the development and implementation of the plan of care.

A) Review of the clinical record for one resident revealed on one identified date, the resident presented with areas of impaired skin integrity.

B) The following two days, the areas of impaired skin integrity worsened.

C) The resident's clinical record did not include documentation confirming that the Substitute Decision Maker (SDM) had been notified of the areas of impaired skin integrity.

D) One Registered Practical Nurse, staff #104, stated that the SDM should have been advised sooner about the resident's impaired skin integrity.

E) The Director of Nursing (DON), staff #101, confirmed it was the expectation of the home that the SDM be advised of changes in a resident's health status and be given the opportunity to participate in the plan of care. [s. 6. (5)]

2. A) Review of the clinical record for one identified period confirmed one resident had presented with a change in their health status.

B) Review of a second identified period, confirmed the resident presented again with a change in their health status.

C) The clinical record for resident #084 confirmed the resident's change in health status had occurred with regularity.

D) Continued review of the clinical record revealed the resident's SDM was not provided with the opportunity to participate in the development and implementation of the plan of care for the resident and was not notified on two identified two week periods that the resident's change in health status had been regular.

E) One Registered Practical Nurse, staff #104, confirmed the SDM should have been notified of the resident's status.

F) The Director of Nursing (DON), staff #001, confirmed it was her expectation that the resident's SDM should have been notified of the change in the resident's status and been given the opportunity to participate in the plan of care. [s. 6. (5)]



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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 SDM is given an opportunity to participate fully in the development and implementation of the plan of care, to be implemented voluntarily.***

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**Issued on this 28th day of January, 2016**

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

**Original report signed by the inspector.**