

**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 6, 2020	2020_533115_0003	022877-19, 024239-19	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

TERRI DALY (115), INA REYNOLDS (524)

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): January 13, 14 and 15, 2020.

The following complaint was inspected:

Complaint IL-72546-LO, IL-73190-LO/Log #022877-19, Log #024239-19 related to care and services.

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Director of Care (DOC), Assistant Director(s) of Care (ADOC), a Registered Nurse (RN), a Registered Practical Nurse (RPN), Personal Support Workers (PSW) and a dietary aide.

During the course of the inspection, the inspector(s) reviewed clinical records, the home's internal complaint process, policies and procedures, and observed care and services.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Nutrition and Hydration

Personal Support Services

Reporting and Complaints

Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

3 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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
 - (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident’s care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident's plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs changed.

This inspection was initiated as a result of a complaint reported to the Ministry of Long-Term Care on a specific date related to the personal care needs of a resident.

Review of the resident's clinical record showed assessments completed on specific dates that were not consistent with the resident's current plan of care.

An observation was completed on a specific date which did not reflect the resident's current care needs.

In an interview with the resident on a specific date, the resident demonstrated inabilities due to a decline in health that were not reflected in the current plan of care. This was confirmed by three Personal Support Workers and a family member.

In an interview on a specific date with a family member of the resident, they confirmed a decline in the resident's condition that would have been consistent with a change in the resident's care needs. Specific interventions related to the resident's needs were confirmed by three PSWs, that staff would reference in the Kardex on Point of Care for the resident's care needs.

In an interview on a specific date Administrator #100 said that the home's expectation was that registered staff update the plan of care when a resident's care needs changed. Administrator #100 acknowledged that the plan of care was not revised based on the resident's current abilities and assessed specific needs and this should have been reviewed and updated.

The licensee has failed to ensure that the plan of care for the resident was reviewed and revised when the resident's care needs changed. [s. 6. (10) (b)]

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 resident's plan of care was reviewed and revised at least every six months and at any other time when the resident's care needs changed, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 27. Care conference

Specifically failed to comply with the following:

s. 27. (1) Every licensee of a long-term care home shall ensure that,
(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; O. Reg. 79/10, s. 27 (1).
(b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and O. Reg. 79/10, s. 27 (1).
(c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a record was kept of the participants, and the results of a resident's care conference of the interdisciplinary team that was held to discuss the plan of care and any other matters of importance to the resident and his or her SDM.

This inspection was initiated as a result of a complaint reported to the Ministry of Long-Term Care Infoline on a specific date related to the personal care needs of a resident.

A review of the documentation of the care conference for a certain resident, and their progress notes showed that staff documented that the care conference had occurred on a specific date in 2019 with the resident's SDM in attendance and included discussion "regarding care and future plans to help with mobility and quality. New tasks have been placed for further hygiene and safety checks as resident is in need of more care". The last care conference documented in Point Click Care (PCC) under the Assessment tab was in the year 2018.

A review of the home's policy: "Assessment and Care Planning under Long Term Care (LTC) - Care Conferences", last revised March 31, 2019 was reviewed.

Procedure

"The Interdisciplinary Team will complete a written care review summary. This review summary will include Resident goals, interventions, and referrals as appropriate".

During an interview with Director of Care #100 they stated that care conferences were held in the six weeks post admission then annually after that. The conferences were interdisciplinary including nursing, dietary, activities, front line if there were care issues, then nursing management or the Executive Director might attend if needed. They included that these care conferences were documented in the resident's progress notes and there is a form in Point Click Care (PCC) under the Assessment tab, that reviews the care plan, any discussion, and the conference attendees.

After further review of the clinical record the DOC indicated that the conference for this resident was not documented under the assessment tab, and the progress notes related to the 2019 conference did not include the participants, or show discussion related to care plan issues identified by the SDM. [s. 27. (1)]

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 a record is kept of the participants, and the results of a resident's care conference of the interdisciplinary team that was held to discuss the plan of care and any other matters of importance to the resident and his or her SDM, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (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 to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a verbal complaint made to the licensee or a staff member concerning the care of a resident had been investigated, resolved where possible, and a response provided within 10 business days of receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation has commenced immediately.

This inspection was initiated as a result of a complaint reported to the Ministry of Long-Term Care Infoline on a specific date related to the personal care needs of a resident.

During the initial contact with the complainant they expressed that on two occasions they had submitted concerns related to care and services for a resident, with no follow up from the home.

The first complaint was expressed to a staff member on the home area on a specific date, Registered Practical Nurse #111 submitted a Client Services Response (CSR) form to management on behalf of the complainant related to care and services for this resident.

An interview with Executive Director #101 and Director of Care #100 revealed that the home was in receipt of the complaint submitted by RPN #111, who had completed a Client Services Response (CSR) form on a specific date and submitted the form to management.

A review of the CSR form showed that the documentation under Section D: Brief Summary of the Discussion/Action Plan had been completed by DOC #100 indicating that a verbal discussion had taken place with the complainant. The DOC documented that they would follow up with staff and pass on information provided by the complainant pertinent to the resident's care.

Section E: Additional Comments area of the CSR form noted follow up with staff and identified specific interventions related to the care and services for the resident. Neither of these areas were dated to show when this follow up was conducted, and Section C: Attempts to Contact Family was incomplete.

During an interview with the complainant they indicated that no follow up or further discussion related to the initial concern had taken place with management.

An interview with DOC #100 they indicated that after the initial discussion and follow up with staff no further follow up was conducted with the complainant, and Section C: Attempts to Contact Family on the CSR form was not completed.

The second complaint revealed during the initial contact with the complainant was an incident that occurred on a specific date involving the resident and care needs not being met.

During an interview with the ED #101 they acknowledged that they had been in receipt of this complaint when they had spoken to the complainant a few days after the actual incident. The ED revealed that an email was forwarded to DOC #100 that same day detailing the concerns and a request for follow up.

An interview with DOC #100 they stated that the email from the ED related to the

concerns for this resident had gotten misplaced on their desk and that they had not completed any follow up related to the issues identified.

A review of the home's policy "Complaint Management LTC- Management of Concerns, Complaints, Compliments and Requests" last reviewed: March 31, 2019.

Modified Date: September 2019 indicates the following:

Verbal Concerns, Complaints

"-The concern will be responded to within 24-48 hours (2 business days). The person who raised the initial concern will be informed of the actions being taken to resolve the concern. The investigation should be concluded, and the issues resolved within ten business days whenever possible.

-The CSR form will be completed in full and all actions taken during the investigation will be documented. The CSR is then filed in the complaints management binder.

-Upon completion of an investigation of the concerns, a response will be provided to indicate what has been done to resolve the complaint, or, if the complaint is found to be unfounded, an explanation will be provided regarding this finding."

The licensee had failed to ensure that a verbal complaint made to the licensee or a staff member concerning the care of resident #001 had been investigated, resolved where possible, and response provided within 10 business days of receipt of the complaint, and where the complaint alleges harm or risk of harm to a resident, the investigation has commenced immediately. [s. 101. (1) 1.]

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 a verbal complaint made to the licensee or a staff member concerning the care of a resident had been investigated, resolved where possible, and response provided within 10 business days of receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation has commenced immediately, to be implemented voluntarily.

Issued on this 10th day of February, 2020

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

Original report signed by the inspector.