Ontario

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

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

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

Original Public Report

Report Issue Date: April 5 2023

Inspection Number: 2023-1051-0002

Inspection Type:
Complaint
Critical Incident System

Licensee: AXR Operating (National) LP, by its general partners

Long Term Care Home and City: Iler Lodge, Essex

Lead Inspector	**Inspector Digital Signature**
Debra Churcher (670)	Debra Churcher Digitally signed by Debra Churcher Date: 2023.04.05 08:34:31 -04'00'

Additional Inspector(s)
Jennifer Bertolin (740915)
Cassandra Taylor (725)
Inspector Christie Pollier (000749) was also present for this inspection.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s), and March 8, 9, 13, 14, 15 and 16, 2023.
The inspection occurred offsite on the following date(s), and March 10, 2023.

The following intake(s) were inspected:
· Intake: #00013435 CIS#2129-000039-22 related to a resident to resident altercation.
· Intake: #00014840 CIS#2129-000041-22 related to improper transferring and positioning techniques.
· Intake: #00015969 CIS#2129-000042-22 related to a fall with injury.
· Intake: #00018043 CIS#2129-000002-23 related to alleged neglect.
· Intake: #00019868 CIS#2129-000004-23 related to a fall with injury.
· Intake: #00020073 CIS#2129-000005-23 related to alleged resident to resident abuse.
· Intake: #00020567 CIS#2129-000006-23 related to a fall with injury.
· Intake: #00020923 IL-10305-LO related to a complaint with concerns related to accommodation rate reduction.
· Intake: #00021497 CIS#2129-000008-23 related to alleged financial abuse.
· Intake: #00021659 IL-10636-LO related to a complaint regarding the cleanliness of the home and furnishings and the homes complaints procedures.

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· Intake: #00022877 CIS#2129-000009-23 related to alleged improper care and cleanliness of the home.

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Responsive Behaviours
Reporting and Complaints
Falls Prevention and Management
Resident Charges and Trust Accounts

INSPECTION RESULTS

WRITTEN NOTIFICATION: Accommodation Services

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Every licensee of a long-term care home shall ensure that, the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Rationale and Summary:
The Ministry of Long-Term Care received a complaint related to concerns with the condition of a resident's furnishings.

During an observation of resident's specific furnishings it was observed that interim measures had been put in place.

During an interview with the Environmental Supervisor (ES) they stated that the required furnishings

were on back order and acknowledged that they had experienced condition issues with the specific furnishings and that the vendor determined that it was related to the disinfecting practices in the home.

Acting Executive Director (AED) stated that they had viewed the furnishings and found it to be in unacceptable condition and interim measures were put in place.

Sources:
Observation of a resident's specific furnishings, interviews with ES and AED.

[670]

WRITTEN NOTIFICATION: Complaints Procedures

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 26 (1) (a)

The licensee has failed to ensure that there are written procedures that comply with the regulations for initiating complaints to the licensee and for how the licensee deals with complaints.

Rationale and Summary:
O. Reg 246/22 108 (1) 3 ii A states that the 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: The response provided to a person who made a complaint shall include, an explanation of what the licensee has done to resolve the complaint.

A review of the home's policy titled Complaint Management, ADMIN 03-O10.01 last modified March 31, 2022, was conducted. This Inspector was unable to locate any reference to providing a complainant with an explanation of what the licensee has done to resolve a complaint.

During an interview with AED they shared that they were also unable to locate any reference to providing a complainant with an explanation of what the licensee has done to resolve a complaint.

Sources:
Complaint Management ADMIN 03-O10.01 policy and interview with AED.

[670]

WRITTEN NOTIFICATION: Complaints Procedures

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

The licensee has failed to 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.

Rationale and Summary:
The home submitted a Critical Incident System (CIS) report. The CIS indicated that the home received a written complaint, alleging neglect, 53 days prior to the submission of the CIS report. The CIS report also indicated that the home had attempted to submit a CIS on the day after they received the written complaint however they believed it must have been deleted.

A review of the complaint letter was completed.

A review of the homes response letter dated for the same date the letter was received, was completed and acknowledged receipt of the complaint letter.

During an interview with the AED they stated that the complaint should have been reported immediately on the date it was received.

Sources:
CIS, response letter, and interview with AED.

[670]

WRITTEN NOTIFICATION: Reporting Certain Matters to the Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee has failed to ensure that a person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director.

Rationale and Summary:
The home submitted a Critical Incident System (CIS) report. The CIS indicated that the home received a written complaint, alleging neglect, 53 days prior to the submission of the CIS report. The CIS report also indicated that the home had attempted to submit a CIS on the day after they received the written complaint however they believed it must have been deleted.

Review of the complaint letter showed that the complaint was alleging neglect.

During an interview with the AED they stated that the alleged neglect should have been reported immediately on the date the complaint was received.

Sources:
CIS, complaint letter and interview with AED.

[670]

WRITTEN NOTIFICATION: General Requirements

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.

The licensee has failed to ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The licensee failed to ensure that the written Falls Prevention and Management Program description included relevant policies, procedures and protocols and included protocols for the referral of residents to specialized resources where required.

Rationale and Summary:
A record review was completed of the home's written description of the Fall Prevention and Injury Reduction Program, last reviewed, March 31, 2022. During an interview with a registered staff, and the Program Lead, both indicated the process and protocols required for referrals for the falls prevention

and injury reduction program. Through the interviews it was indicated that there was process for referrals for specialized resources where required, that was not indicated within the home's policies and procedures.

The Director of Care (DOC), indicated that the written description and the policies and procedures should meet the legislative requirements.

Sources:
The home's written Fall Prevention and Injury Reduction Program and staff interviews.

[725]

WRITTEN NOTIFICATION: Skin and Wound Care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)

The Licensee has failed to ensure that a resident had a skin assessment completed upon return from the hospital.

Rationale and Summary:
A Critical Incident System (CIS) report indicated that a resident had an incident which resulted in a change in condition resulting in a transfer to the hospital.

Review of the resident's progress notes, and assessments, specifically the Skin and Wound Evaluation V6.0 in Point Click Care (PCC), indicated there was no skin assessment completed for the resident when they returned from the hospital.

During an interview with a registered staff and the DOC they both stated that the expectation is that a head to toe skin assessment should be completed by registered staff on a resident upon return from the hospital. The DOC confirmed that a head to toe skin assessment had not been completed for the resident upon return from the hospital.

Review of the home's Skin and Wound Care policy, # CARE12-O10.01, effective August 31, 2016, and reviewed of March 31, 2022, stated in part that "All residents will have a Total Body Skin Assessment completed upon return from the hospital/readmission".

Sources:
A resident's progress notes and assessments (Skin &Wound Evaluation V6.0): Interviews with staff and the Home's Skin and Wound Care policy.

[740915]

WRITTEN NOTIFICATION: Dealing With Complaints

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. ii. A.

The licensee has failed to 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: The response provided to a person who made a complaint shall include, an explanation of what the licensee has done to resolve the complaint.

Rationale and Summary:
Review of a CIS report submitted by the home showed that the home received a written complaint.

Review of the final response letter sent to the complainant by the home did not show any explanation of what the licensee had done to resolve the complaint.
During an interview the AED they acknowledged that the home did not provide an explanation of what the licensee had done to resolve the complaint

Sources:
CIS, response letter dated, and interview with AED.

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WRITTEN NOTIFICATION: Additional Training-Direct Care Staff

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 261 (1) 1.

Additional training — direct care staff

261. (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
1. Falls prevention and management.

The licensee failed to ensure that all direct care staff received their mandatory annual training on the required program of Falls Prevention and Management.

Rationale and Summary
The education documents for the required programs were requested from the DOC who indicated that due to the large turnover of management within the home the annual education for Falls Prevention and Management was not completed.

Sources:
Interview with the DOC.
[725]

WRITTEN NOTIFICATION: Reduction in Basic Accommodation Charge

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 303 (3)

The licensee has failed to ensure that upon the request of a resident, a licensee shall provide assistance in completing the application.

Rationale and Summary:
The Ministry of Long Term Care received a complaint related to concerns that the home was not providing a reduced rate for accommodations.

Review of emails submitted by the resident's SDM showed that the SDM had submitted emails to multiple staff in the home related to management of the resident's notice of assessment and qualifiers for a reduced rate for accommodations.

Review of the homes billing showed that the resident was being charged a reduced accommodation rate until a specific date when the billing was then increased to a full rate.

An interview was completed with the National Director of Administration (NDA) who acknowledged that the resident had been receiving a reduced rate since admission, was not billed the correct amount

starting on a specific date, and that the home had not assisted the SDM of the resident in completing an application for reduced accommodation rate. The NDA also shared that there had been a significant turn over in Business Managers in the home in the last few months.

Sources:
Emails provided by the complainant, a resident's billing, census and progress notes and interview with NDA.

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COMPLIANCE ORDER CO #001 Home to Be a Safe, Secure Environment

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 5

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

- Procure a vendor to assess the function of and complete any required repairs to the entrance/exit door to the homes secure unit.
- Keep a record of the vendor assessment findings as well as any repairs completed.
- Ensure the door is monitored at all times, by a person who's only responsibility is to monitor the door until repairs are completed.
-

Grounds
The licensee has failed to ensure that the home is a safe and secure environment for its residents.

Rationale and Summary:
During a tour of the secure unit in the home this Inspector observed the entrance/exit door to the unit required a push button to enter and a number code to exit. At the end of the tour a resident was observed to open the coded door by pushing the push bar and exit the unit. The door did not require coding and the magnetic lock was not engaged.

A short time later this Inspector observed another resident who resided in the secure unit of the home, walk past the Inspectors workspace, unaccompanied and go to the exit doors of the home and request the door be opened.

During an interview with the AED and the ES they acknowledged that they were unable to determine the cause of the door failure and had contacted their vendor however there was a delay as the vendor was without an installer and would therefore attempt to contact another company. AED shared that they planned to have an employee or a third party monitor the door at all times until a vendor could assess the door.

Sources:
Observation of two residents and interviews with the AED and ES.

[670]

This order must be complied with by
April 5, 2023

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.