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: July 31, 2025

Inspection Number: 2025-1051-0004

Inspection Type:
Complaint
Critical Incident
Follow up

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): July 22-25, 28-31, 2025

The following intake(s) were inspected:
- Intake #00147041 -Follow-up #: 1 – Compliance Order (CO) #001/2025-1051-0002 related to O. Reg. 246/22 - s. 79 (1) 5. Food temperature. CDD June 20, 2025
- Intake #00147042 -Follow-up #: 1 – CO #002/2025_1051_0002 related to O. Reg. 246/22 - s. 138 (1) (a) (ii) - Safe storage of medications. CDD July 25, 2025
- Intake #00149255 -Follow-up # 1 - CO #001/2025-1051-0003 related to O.Reg 246/22 - s. 108 (1) 1. Dealing with complaints. CDD July 18, 2025.
- Intake: #00150982 - related to a complaint with multiple concerns
- Intake: #00151713/CI #2129-000021-25 – related to outbreak
- Intake: #00151789 - related to a complaint with multiple concerns
- Intake: #00153229 - related to a complaint regarding food production in the home
- Intake: #00153267 - related to a complaint regarding food production in the home

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1051-0002 related to O. Reg. 246/22, s. 79 (1) 5.
Order #001 from Inspection #2025-1051-0003 related to O. Reg. 246/22, s. 108 (1) 1.

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:
Order #002 from Inspection #2025-1051-0002 related to O. Reg. 246/22, s. 138 (1) (a) (ii)

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

Resident Care and Support Services
Continence Care
Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration
Infection Prevention and Control
Reporting and Complaints
Palliative Care
Recreational and Social Activities
Falls Prevention and 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 (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 has failed to ensure that a resident received their planned diet and texture when they were served and consumed an unplanned diet and texture during a meal at an identified date.

Sources: resident's clinical records, observation and staff interview

WRITTEN NOTIFICATION: Licensing

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 104 (4)
Conditions of licence
s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with Compliance Order (CO) #002 to O. Reg. 246/22, s. 138 (1) (a) (ii) from inspection 2025-1051-0002, issued May 8, 2025 with a

compliance due date of July 25, 2025.

The following component of the order was not complied with:
B) Complete education related to section A) with all registered nursing staff and Personal Support Workers (PSWs). 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.

The licensee has failed to ensure that all registered nursing staff and PSWs received education related to the home's policy and procedure for the safe storage and use of topical medications.

Sources: review of Education Attendance Sheets and interviews with Assistant Director of Care and Director of Care.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
This is the first WN + FLTCA s. 104 (4) issued for CO #002 from WS #2025-1051-0002.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Skin and wound

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
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,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that a resident that developed a skin condition on an identified date, received a skin assessment by an authorized person using a clinically appropriate assessment specifically designed for skin and wound assessment. In an interview with the Assistant Director of Care (ADOC), it was confirmed that this resident did not receive a specifically designated skin and wound assessment when resident developed a skin condition.

Sources: resident 's clinical record, interview with ADOC

WRITTEN NOTIFICATION: Menu Planning

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (5)
Menu planning
s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee failed to ensure that on a specific date, the planned meal items were available and offered to all residents.

Sources: Resident Council and Food Committee Meeting minutes and Resident and Staff interviews.

WRITTEN NOTIFICATION: Food production

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1

Non-compliance with: O. Reg. 246/22, s. 78 (3) (a)
Food productions:
78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(a) preserve taste, nutritive value, appearance and food quality; and

The licensee failed to ensure the food production system to prepare certain food on a specific date, preserved the taste and quality of the food. The concern was brought forward to the Resident's Council and Food Committee meetings where multiple residents expressed disappointment relating to the taste and quality of this food.

Sources: Resident Council and Food Committee meeting minutes and resident and staff interviews.

COMPLIANCE ORDER CO #001 Dining and snack service

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 79 (1) 1. [FLTCA, 2021, s. 155 (1) (b)]:
The plan must include but is not limited to: Specifically the licensee must;

A. Develop of plan or process to ensure that the daily menu is posted and accurate

to communicate what is being served for the day.
B. Educate any persons identified in being responsible for ensuring the plan or process is completed.
C. Maintain a written record of; the education provided, who completed the education and how it was delivered.

Please submit the written plan for achieving compliance to LTC Homes Lead Inspector, MLTC, by email to londondistrict.mltc@ontario.ca by August 5, 2025. Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

The licensee failed to ensure the daily menu was communicated to the residents on identified units, on a specific date. The daily menu had been posted on the identified unit for Thursday of week 3, the previous date. On the other identified unit the daily menu had been posted for Friday of week 2. The Nutrition Manager had confirmed the menu rotation should have been week 3. During resident interviews it was indicated that their concerns about menu postings had been brought forward to the Resident Council and Food Committee meetings and the residents had expressed disappointment when they had been hoping for a menu item and it was not served.
Sources: Observation, menu cycle, resident and Staff interviews.

This order must be complied with by October 3, 2025

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

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

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.