



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

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

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

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 6, 2017	2017_536537_0001	030466-16, 030648-16	Complaint

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**Licensee/Titulaire de permis**

SHARON FARMS & ENTERPRISES LIMITED  
1340 HURON STREET LONDON ON N5V 3R3

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

KENSINGTON VILLAGE  
1340 HURON STREET LONDON ON N5V 3R3

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

NANCY SINCLAIR (537)

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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): January 3, 2017**

**The following intakes were completed during this inspection:  
Log #030648-16 and Log #030466-16 related to personal care and services.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, one Registered Practical Nurse (RPN), two Personal Support Workers, families and residents.**

**The inspector(s) also observed care provided to residents, reviewed the health care record and plan of care for an identified resident, reviewed assessments, policies and procedures of the home.**

**The following Inspection Protocols were used during this inspection:  
Personal Support Services  
Skin and Wound Care**

**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**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**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. (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. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Two Complaints were submitted to the Ministry of Health and Long Term Care regarding concerns related to personal care provided to an identified resident.

Review of the plan of care for the identified resident indicated specific interventions to be in place and completed daily.

Observation of the identified resident revealed the specified interventions were not in place. Registered Practical Nurse #100 stated during interview that the resident was to have specific interventions completed by Personal Support Workers and that the interventions were not completed as per the instruction in the plan of care at that time.

The Administrator #101 stated that it was the expectation that care was provided to the resident as specified in the plan. [s. 6. (7)]

***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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

Record review for an identified resident revealed that the family of the resident had discussed an area of altered skin integrity with registered staff resulting in the initiation of treatment. Review of the electronic Treatment Record (eTAR) for the identified resident revealed that the treatment had been initiated as per the physician orders.

The home's policy titled, "Skin and Wound Care Program Implementation – CPM-F-20" last revised October 2016 stated, "Wound Assessment Initial/Ongoing – will be completed by Registered Staff at a minimum of once weekly using the Weekly Skin Integrity report or a variation of the form as per individual Home. The Initial and Ongoing Wound Assessment is implemented when a Resident has any open area involving the dermal layer and deeper.

Registered Practical Nurse #100 stated that the identified resident currently had an area of altered skin integrity that required treatment and weekly assessment by a registered staff.

The Administrator #101 stated that this home used a form titled "KV Skin/Wound Assessment V 1.0 – weekly", located under the Assessment tab of Point Click Care (PCC). The Administrator stated that this form was to be completed on any areas of skin integrity. Review of the clinical record for resident #001 revealed that a "KV Skin/Wound Assessment V 1.0 – weekly" had not been completed for this resident since September 11, 2015.

The Administrator stated it was the expectation that the home's policy be followed. [s. 8. (1) (a),s. 8. (1) (b)]



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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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records**

**Every licensee of a long-term care home shall ensure that,**

- (a) a written record is created and maintained for each resident of the home; and**
- (b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the resident's written record was kept up to date at all times.

Review of the plan of care for an identified resident indicated that the resident was to have specific interventions in place as per the plan of care. Observation of the resident with Registered Practical Nurse #100 revealed that the interventions as outlined in the plan of care were not in use.

During observation of the resident with Administrator #101, the specific interventions were being applied. Review of the Point of Care (POC) task revealed that Personal Support Worker (PSW) #102 had signed off for application of the intervention prior to the observation.

Administrator #101 stated that the staff member placing the specific intervention was not PSW #102 who had signed off as having completed the task.

During an interview, PSW #102 stated that the care for this resident had been provided by PSW #103, and that PSW #102 assumed the specific intervention had been applied, and signed off in POC as being completed. During an interview with PSW #103, PSW #103 stated they did provide the care to resident #001 that morning, and the specific intervention to be applied was not in the residents' room, and had not been applied as specified.

The Administrator #101 stated that it was the expectation that the documentation in the residents' record was consistent with the care that had been provided and was documented by the staff member who had provided the care, and that the resident's written record was kept up to date. [s. 231. (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 written record are kept up to date at all times, to be implemented voluntarily.***



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**Issued on this 9th day of January, 2017**

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

**Original report signed by the inspector.**