



**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 prévue
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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 31, 2019	2019_778563_0005	030332-18, 030333- 18, 030334-18	Follow up

Licensee/Titulaire de permis

Sharon Farms & Enterprises Limited
108 Jensen Road LONDON ON N5V 5A4

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

Kensington Village
1340 Huron Street LONDON ON N5V 3R3

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

MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 22, 23, 24 and 25, 2019

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Clinical Best Practice Manager, the Resident Assessment Instrument Coordinator, the Director of Operations, Registered Practical Nurses, Personal Support Workers and residents.

The inspector also made observations of residents and care provided. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed.

The following Inspection Protocols were used during this inspection:

Medication

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)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #003	2018_606563_0015		563
O.Reg 79/10 s. 50. (2)	CO #002	2018_606563_0015		563
O.Reg 79/10 s. 8. (1)	CO #001	2018_606563_0015		563



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.



Findings/Faits saillants :

1. The licensee failed to comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

The Resident Quality Inspection #2018_606563_0015 Licensee Report dated October 26, 2018 included Compliance Order (CO) # 001 where the licensee must be compliant with Ontario Regulation r. 8(1)(b).

"Specifically, the licensee shall ensure that:

a) Ensure the Sharon Village Care Homes (SVCH) Pain Management policy with index: PM-N-20 last revised January 2018 is reviewed and updated.

b) Ensure that all direct care staff receive education related to the Pain Management policy and all associated assessment tools and forms as described in the policy." The Compliance due date was December 31, 2018.

The clinical record review for a palliative resident was conducted where the home completed a "Pain Assessment" according to the Sharon Village Care Homes (SVCH) Pain Management policy with index: PM-N-20 last revised December 3, 2018. Review of the Pain Level Summary in Point Click Care also documented the resident's level of pain each time pain medication was administered.

The home was compliant with Ontario Regulation r. 8(1)(b). The registered staff completed a Pain Assessment when pain was identified and screening was completed at a minimum every shift for 72 hours when there was a change in condition with the onset of new pain for the resident. The Pain Assessments were completed according to the Sharon Village Care Homes (SVCH) Pain Management policy with index: PM-N-20 last revised December 3, 2018. However, the licensee failed to comply with the order made under the Long Term Care Homes Act, 2007 related to "b) Ensure that all direct care staff receive education related to the Pain Management policy and all associated assessment tools and forms as described in the policy."

The Sharon Village Care Homes (SVCH) Pain Management policy with index: PM-N-20 was reviewed corporately and last revised December 3, 2018. All direct care staff were then to receive education related to the Pain Management policy and associated tools and forms as described in the policy. All direct care staff included the Registered Nurses (RNs), Registered Practical Nurses (RPNS) and the Personal Support Workers (PSWs).



The Director of Care (DOC) provided Inspector #563 with the education “Palliative Care Inservice” PowerPoint provided to all direct care staff in response to CO #001.

The “Palliative Care Inservice” PowerPoint was to be presented to all direct care staff and included review of the following types of assessments:

- Edmonton Symptom Assessment Scale Revised,
- Acronym OPQRSTUV,
- Pain Assessment in Advanced Dementia (PAINAD) and
- Doloplus 2.

The education in-service PowerPoint did not include all associated assessment tools and forms as described in the Pain Management policy PM-N-20 last revised December 3, 2018.

The Sharon Village Care Homes (SVCH) Pain Management policy with index: PM-N-20 last revised December 3, 2018 described the use of an internal tool such as “Appendix B: Pain Assessment Tool”. The Director of Care (DOC) verified the Pain Assessment Tool as described in the policy was the “Pain Assessment” paper tool used by the registered staff in the home to screen for the presence of pain every shift for 72 hours. The DOC acknowledged that the “Pain Assessment” paper tool was not reviewed during the education sessions. The DOC also verified that three PSWs did not receive the “Palliative Care Inservice” presented and did not sign as reading the education materials provided in paper format. The PSWs had multiple opportunities to review the education related to palliative care and pain management before the compliance due date of December 31, 2018.

The RPN explained they were also the Pain and Palliative Champion for the home. The RPN shared they received education related to the fundamentals of palliative care at a two day Learning Essential Approaches to Palliative Care (LEAP) course. Inspector #563 showed the RPN the Pain Management policy with index: PM-N-20 and asked if the education provided by the home included education related to this policy and the RPN stated the policy was still in development and they have not yet read it. The RPN also verified that there was a two hour education session at the home, but it did not include a review of the policy itself and the assessment tools associated with the policy.

Another RPN was shown the Pain Management policy PM-N-20 last revised December 3, 2018 and was asked if this was the policy currently in use. The RPN replied that they have not seen the new one yet, and there was no specific education received related to this policy. The RPN also thought this policy was still in draft and stated they did receive



education about palliative care and pain but mostly about the palliative resident with pain and it was more of a refresher that did not include review of the Pain Assessment tool as identified in the policy.

A PSW also verified that education was received in the home during a two hour session about palliative care. When asked if the session included education related to the Sharon Village Care Homes (SVCH) Pain Management policy with index: PM-N-20 and the associated assessment tools and forms as described in the policy, the PSW stated it did not.

The Nurse Educator London/Middlesex for the Palliative Pain and Symptom Management Consultation Program stated that they met with the staff from Kensington Village and at that time was provided a copy of the Pain Management policy dated May 4, 2018. The Nurse Educator also shared that they did not have a copy of the newest iteration as it was updated on the date of the first educational session. The education included information about the definition of palliative care, the assessment, management and documentation of pain in a Long Term Care (LTC) setting and the Pain Management policy with index: PM-N-20 was not reviewed with the staff in its entirety.

The licensee failed to comply with Compliance Order #001, specifically where the licensee failed to ensure that "all direct care staff receive education related to the Pain Management policy and all associated assessment tools and forms as described in the policy." [s. 101. (3)]

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 with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts., to be implemented voluntarily.



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Issued on this 6th day of February, 2019

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

Original report signed by the inspector.