



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685**

**Bureau régional de services de
London
291, rue King, 4^{ième} étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 8, 2013	2013_182128_0017	L-000428-13	Follow up

Licensee/Titulaire de permis

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

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

RUTH HILDEBRAND (128), JOAN WOODLEY (172)

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): July 3 & 4, 2013

During the course of the inspection, the inspector(s) spoke with the Director of Care, Assistant Director of Care, RAI Coordinator, Director of Dietary Services, Dietary Compliance Lead, 3 Registered Nurses, 8 Registered Practical Nurses, 8 Personal Support Workers, 3 Dietary Aides, and 2 Residents.

During the course of the inspection, the inspector(s) observed care provided to residents and observed meal and snack service, reviewed clinical records for identified residents, as well as policies and procedures pertinent to the inspection.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Nutrition and Hydration

Pain

Snack Observation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 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 a plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

Hydration Policy, # DTY-II-430 and NS-II-295, dated May 2013 was written after a compliance order was issued May 14, 2013, related to evaluation of the food and fluid monitoring system, in the home.

Additionally, protocols/procedures were communicated to staff, by way of memos, on June 4, 7 & 18, 2013 to go with the policy, but they have not been complied with. The home submitted a month end report, June 28, 2013 with respect to actions to address monitoring/evaluation of food and fluid intake and ongoing education provided around this for staff.

However, protocols/procedures were not followed "in encouraging fluid intake for each resident to ensure that steps are undertaken to avoid the negative consequences of too little and/or dehydration of any residents", as per the policy. The Director of Dietary Services and the Director of Care both confirmed that the procedures implemented were not followed nor were they understood by all staff despite education being provided.

Furthermore, the new Hydration Policy indicates that the fluid pattern on the therapeutic menu is offered to all residents but it was observed that the amount of fluid being offered to residents was not the amount posted on the menu.

The Director of Dietary Services acknowledged that the fluid amounts did not match the menu and did not comply with the policy. [s. 8. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care



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Specifically failed to comply with the following:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**
- 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 there is a written plan of care for each resident that sets out,
- (a) the planned care for each resident.

Care plan review for an identified resident revealed no written plan of care for his/her daily pain.

Care plan review for an identified resident revealed no written plan of care related to falls prevention even though MDS Trigger Listing and RAP Information # 11 - Falls states " Falls are care planned with the intention to reduce falls and to remain free from injuries until next quarter".

Care plan review for an identified resident revealed incomplete written plan of care related to:

- a) required assistance for toileting
- b) required assistance for transferring
- c) required assistance for dressing
- d) required assistance for mobility
- e) nutritional needs
- f) recreational needs [s. 6. (1)]

2. Staff interview with RAI Coordinator verified the care plan for the identified resident had not been completed within the 21 day time frame. [s. 6. (1)]

3. The licensee has failed to ensure that the care set out in the plan of care for an identified resident was provided to the resident as specified in the plan.
The Director of Care acknowledged that the expectation is that the plan of care is followed for each resident. [s. 6. (7)]



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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 there is a written plan of care for each resident that sets out the planned care for the resident. The plan must also ensure that the care, set out in plan of care, is provided to each resident as specified in the plan, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :



1. The Licensee has failed to ensure any actions taken with respect to a resident under a program including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The 7 day pain assessment for an identified resident had 9/21 (43%) observations / assessments not documented. There was no evaluation of the effectiveness of the interventions nor was the pain assessment signed by staff as completed.

The 7 day pain assessment for an identified resident had 12/21 (57%) observations / assessments not documented. There was no evaluation of the effectiveness of the interventions nor was the pain assessment signed by staff as completed.

The 7 day pain assessment for an identified resident had 8/21 (38%) observations / assessments not documented. There was no evaluation of the effectiveness of the interventions nor was the pain assessment signed by staff as completed. [s. 30. (2)]

2. Staff interview with the Assistant Director of Care verified there were multiple omissions during the 7 day observation period for pain. As well, the analysis was not being completed post assessment period. [s. 30. (2)]

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 actions taken with respect to a resident under a program including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:**

**COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**



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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 69.	CO #007	2012_087128_0018	128
O.Reg 79/10 s. 73. (1)	CO #003	2013_182128_0012	128

Issued on this 8th day of July, 2013

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

RUTH HILDEBRAND



Ministry of Health and
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Ministère de la Santé et
des Soins de longue durée

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) /
Nom de l'inspecteur (No) : RUTH HILDEBRAND (128), JOAN WOODLEY (172)

Inspection No. /
No de l'inspection : 2013_182128_0017

Log No. /
Registre no: L-000428-13

Type of Inspection /
Genre d'inspection: Follow up

Report Date(s) /
Date(s) du Rapport : Jul 8, 2013

Licensee /
Titulaire de permis : SHARON FARMS & ENTERPRISES LIMITED
1340 HURON STREET, LONDON, ON, N5V-3R3

LTC Home /
Foyer de SLD : KENSINGTON VILLAGE
1340 HURON STREET, LONDON, ON, N5V-3R3

Name of Administrator /
Nom de l'administratrice
ou de l'administrateur : Michael Schmidt

To SHARON FARMS & ENTERPRISES LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /

Lien vers ordre existant: 2013_182128_0012, CO #002;

Pursuant to / Aux termes de :

O.Reg 79/10, 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

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

Order / Ordre :

The home must ensure that any plan, policy, protocol, procedure, strategy or system related to monitoring and evaluation of the food and fluid intake of residents with identified risks related to nutrition and hydration is implemented and that staff are provided education accordingly.

Additionally, the home must ensure that the therapeutic menu and the food and fluid offered to residents are in alignment.

Grounds / Motifs :



**Ministry of Health and
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Pursuant to section 153 and/or
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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

1. Hydration Policy, # DTY-II-430 and NS-II-295, dated May 2013 was written after a compliance order was issued May 14, 2013, related to evaluation of the food and fluid monitoring system, in the home.

Additionally, protocols/procedures were communicated to staff, by way of memos, on June 4, 7 & 18, 2013 to go with the policy, but they have not been complied with. The home submitted a month end report, June 28, 2013 with respect to actions to address monitoring/evaluation of food and fluid intake and ongoing education provided around this for staff.

However, protocols/procedures were not followed "in encouraging fluid intake for each resident to ensure that steps are undertaken to avoid the negative consequences of too little and/or dehydration of any residents", as per the policy.

The Director of Dietary Services and the Director of Care both confirmed that the procedures implemented were not followed nor were they understood by all staff despite education being provided.

Furthermore, the new Hydration Policy indicates that the fluid pattern on the therapeutic menu is offered to all residents but it was observed that the amount of fluid being offered to residents was not the amount posted on the menu.

The Director of Dietary Services acknowledged that the fluid amounts did not match the menu and did not comply with the policy. (128)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2013



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section 154 of the *Long-Term Care
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REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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section 154 of the *Long-Term Care
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé

151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 8th day of July, 2013

**Signature of Inspector /
Signature de l'inspecteur :** RUTH HILDEBRAND

**Name of Inspector /
Nom de l'inspecteur :** RUTH HILDEBRAND

**Service Area Office /
Bureau régional de services :** London Service Area Office