

**Ministry of Long-Term Care**

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

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

## Original Public Report

**Report Issue Date:** September 20, 2024

**Inspection Number:** 2024-1020-0006

**Inspection Type:**

Critical Incident  
Follow up

**Licensee:** Sharon Farms & Enterprises Limited

**Long Term Care Home and City:** Strathcona Long Term Care, Mount Forest

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 9 -13, 2024

The following intake(s) were inspected:

- Intake: #00119082 - Follow-up to Compliance Order (CO) #008, related to social work and social services
- Intake: #00119083 - Follow-up to CO #004, related to investigations of abuse
- Intake: #00119084 - Follow-up to CO #001, related to Residents' Bill of Rights
- Intake: #00119085 - Follow-up to CO #002, related to duty to protect
- Intake: #00119086 - Follow-up to CO #003, related to policy to promote zero tolerance

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- Intake: #00119087 - Follow-up to CO #007, related to police notification
- Intake: #00119088 - Follow-up to CO #005, related to investigations
- Intake: #00119089 - Follow-up to CO #006, related to nutritional care and hydration programs
- Intake: #00123570 related to abuse

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #004 from Inspection #2024-1020-0003 related to FLTCA, 2021, s. 27 (1) (a) (i)

Order #001 from Inspection #2024-1020-0003 related to FLTCA, 2021, s. 3 (1) 16.

Order #002 from Inspection #2024-1020-0003 related to FLTCA, 2021, s. 24 (1)

Order #003 from Inspection #2024-1020-0003 related to FLTCA, 2021, s. 25 (1)

Order #007 from Inspection #2024-1020-0003 related to O. Reg. 246/22, s. 105

Order #005 from Inspection #2024-1020-0003 related to FLTCA, 2021, s. 27 (1) (b)

Order #006 from Inspection #2024-1020-0003 related to O. Reg. 246/22, s. 74 (2) (e) (i)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #008 from Inspection #2024-1020-0003 related to O. Reg. 246/22, s. 68

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

Resident Care and Support Services  
Food, Nutrition and Hydration  
Infection Prevention and Control  
Prevention of Abuse and Neglect

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Licensee must investigate, respond and act

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 27 (2)**

Licensee must investigate, respond and act

s. 27 (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

The Licensee failed to report the results of an investigation of alleged abuse of a resident to the Director.

**Rationale and Summary:**

The home submitted a CIS report to the Director of an incident of alleged staff to resident abuse. Triage Inspectors reached out on two separate occasions, but the CIS report was not updated with the requested information.

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The home's failure to report an updated CIS report may have delayed follow up by the Director.

**Sources:**

CIS report, interview with DOC.

**WRITTEN NOTIFICATION: Conditions of License**

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) #008 from inspection served on June 18, 2024, with a compliance due date of September 6, 2024.

**Rationale and Summary:**

The home did not develop a written description of the social work and social services work provided in the home. The home did not develop a written process or procedure for referring to a social worker if the home does not have a social worker. The home did not educate registered staff on the process.

**Sources:**

Interview with DOC, CO#008, The home's compliance action plan binder.

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

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**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 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

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licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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Fixing Long-Term Care Act, 2021**

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