



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

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

**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**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

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

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

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 4, 2015	2015_262523_0036	012780-15	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**

Earls Court Village  
1390 Highbury Avenue North LONDON ON 000 000

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

ALI NASSER (523)

**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): November 25 & 26, 2015.**

**The following Complaint inspections were completed concurrently:**

**Log # 027172-15/027892-15 / IL-40938-LO**

**Log # 032637-15**

**During the course of the inspection, the inspector(s) spoke with the President, the Administrator, Interim Director of Care (IDOC), Geriatric Clinical Nurse Specialist (GCNS), Environmental Services Manager (ESM), Activity Manager, Office Manager, three Personal Support Workers (PSW) and two Registered Staff members.**

**The inspector(s) also conducted a tour of all resident areas and common areas, observed residents and care provided to them, reviewed policies and procedures of the home, meeting minutes and observed general maintenance, cleanliness and condition of the home.**

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

**Quality Improvement**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)  
0 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**



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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

**Legend**

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

**Legendé**

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. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.**

**Findings/Faits saillants :**



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1. The licensee has failed to develop and implement a quality improvement and utilization review system that monitored, analyzed, evaluated and improved the quality of the accommodation, care services, programs and goods provided to residents.

The Long-Term Care Homes Act, 2007, S.O. 2007, c. 8, s. 84 has been the subject of a previous non-compliance whereby a compliance order was issued on June 12, 2015, with a compliance date of August 21, 2015, under Inspection # 2015\_416515\_0013, Log # 001936-15 and was reissued on September 29, 2015, with a compliance date of November 2, 2015, under inspection # 2015\_416515\_0027, Log # 012786-15.

On September 29, 2015, the home was ordered to :

- a) ensure that data is entered into the review system to enable monitoring, analysis and evaluation of the data for quality improvements.
- b) ensure an interdisciplinary system to communicate changes made to the accommodation, care, services, programs, and goods provided to the residents.
- c) ensure an ongoing communication of the quality improvements is provided to all residents, families and all staff of the home.

On November 27, 2015, a record review of the Quality Improvement Program minutes of the two meetings of the Quality Council that were held on July 29, 2015 and October 29, 2015 revealed that the “CQI program is a work in progress. Policies and system review tools were being developed and some audits were being implemented now and some will be implemented in 2016.”

In an interview with the President, Administrator, Interim Director of Care and the Geriatric Clinical Nurse Specialist, it was confirmed that the home’s Quality Improvement Program had not been fully implemented. Quality monitoring tools were developed but not fully implemented yet. The home’s plan was for development and implementation of the program by January 1, 2016, which did not meet the order’s compliance date of November 2, 2015.

The President and Administrator confirmed that the home did not comply with the order previously issued on September 29, 2015, and also confirmed that the expectation was for the home to implement a quality improvement and utilization review system that monitored, analyzed, evaluated and improved the quality of the accommodation, care services, programs and good provided to residents of the home. [s. 84.]



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***Additional Required Actions:***

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

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**Issued on this 4th day of December, 2015**

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

**Original report signed by the inspector.**



**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

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

**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) :** ALI NASSER (523)

**Inspection No. /**

**No de l'inspection :** 2015\_262523\_0036

**Log No. /**

**Registre no:** 012780-15

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Dec 4, 2015

**Licensee /**

**Titulaire de permis :**

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

**LTC Home /**

**Foyer de SLD :**

Earls Court Village  
1390 Highbury Avenue North, LONDON, ON, 000-000

**Name of Administrator /**

**Nom de l'administratrice  
ou de l'administrateur :**

Paula Thomson

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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

**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
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de soins de longue durée*, L.O. 2007, chap. 8

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**Order # /**

**Ordre no :** 001

**Order Type /**

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

**Linked to Existing Order /**

**Lien vers ordre  
existant:** 2015\_416515\_0027, CO #001;

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

**Order / Ordre :**

The licensee must take action to achieve compliance by:

- a) The home will demonstrate completed audits for all areas in the quality program
- b) The home will demonstrate communications made to staff regarding their quality improvement program and staff will be aware of and be able to speak to changes made.
- c) The home will demonstrate the communications made to both Councils.

**Grounds / Motifs :**



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**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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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. The licensee has failed to develop and implement a quality improvement and utilization review system that monitored, analyzed, evaluated and improved the quality of the accommodation, care services, programs and goods provided to residents.

The Long-Term Care Homes Act, 2007, S.O. 2007, c. 8, s. 84 has been the subject of a previous non-compliance whereby a compliance order was issued on June 12, 2015, with a compliance date of August 21, 2015, under Inspection # 2015\_416515\_0013, Log # 001936-15 and was reissued on September 29, 2015, with a compliance date of November 2, 2015, under inspection # 2015\_416515\_0027, Log # 012786-15.

On November 27, 2015, a record review of the Quality Improvement Program minutes of the two meetings of the Quality Council that were held on July 29, 2015 and October 29, 2015 revealed that the “CQI program is a work in progress. Policies and system review tools were being developed and some audits were being implemented now and some will be implemented in 2016.”

In an interview with the President, Administrator, Interim Director of Care and the Geriatric Clinical Nurse Specialist, it was confirmed that the home’s Quality Improvement Program had not been fully implemented. Quality monitoring tools were developed but not fully implemented yet. The plan was for development and implementation of the program by January 1, 2016.

The President and Administrator confirmed that the expectation was for the home to implement a quality improvement and utilization review system that monitored, analyzed, evaluated and improved the quality of the accommodation, care services, programs and good provided to residents of the home.  
(523)

**This order must be complied with /**

**Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2016**



**Ministry of Health and  
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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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## **REVIEW/APPEAL 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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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](http://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, 11e 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.hsb.on.ca](http://www.hsb.on.ca).

**Issued on this 4th day of December, 2015**

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

**Name of Inspector /**

**Nom de l'inspecteur :** Ali Nasser

**Service Area Office /**

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