

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

Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée

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

Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée

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

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 rapport public**

| Report Date(s) /<br>Date(s) du Rapport | Inspection No /<br>No de l'inspection | Log # /<br>No de registre | Type of Inspection /<br>Genre d'inspection |
|----------------------------------------|---------------------------------------|---------------------------|--------------------------------------------|
| Jul 6, 2021                            | 2021_777731_0014                      | 005890-21                 | Critical Incident<br>System                |

**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**

Earls Court Village  
1390 Highbury Avenue North London ON N5Y 0B6

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

KRISTEN MURRAY (731)

**Inspection Summary/Résumé de l'inspection**

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): June 3, 8, and 9, 2021.

The following Critical Incident intake was completed within this inspection:

Related to the prevention of abuse and neglect:  
Critical Incident Log #005890-21 / CI 3047-000007-21

An IPAC inspection was also completed as part of this inspection.  
A cooling and air temperature inspection was also completed as part of this inspection.

During the course of the inspection, the inspector(s) spoke with The Administrator, the Director of Care (DOC), a Registered Practical Nurse (RPN), Personal Support Workers (PSWs), a housekeeper, and residents.

The inspector also observed resident rooms and common areas, observed meal service, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, reviewed the home's investigation notes, and reviewed the home's temperature records.

The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Prevention of Abuse, Neglect and Retaliation  
Safe and Secure Home

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

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

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

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect**

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

**s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).**

**Findings/Faits saillants :**

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soins de longue durée

1. The licensee has failed to ensure that five residents were protected from verbal and emotional abuse by a Personal Support Worker (PSW).

Section 2 (1) of the Ontario Regulation 79/10 defines verbal abuse as “any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident’s sense of well-being, dignity or self-worth, that is made by anyone other than a resident”.

Section 2 (1) of the Ontario Regulation 79/10 defines emotional abuse as “any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident”

A PSW verbally and emotionally abused five residents in the home, causing minimal harm to the residents.

In an interview with the PSW, they confirmed the incidents that occurred, and indicated their words and actions were inappropriate towards the residents.

The home’s policy “Zero Tolerance of Abuse & Neglect”, stated that abuse of a resident will not be tolerated and all employees are expected to respond to residents with patience and compassion. The policy indicated that every resident will be treated with courtesy and respect and in a way that fully recognizes the resident’s dignity and individuality.

Sources: The LTCH’s policy “Zero Tolerance of Abuse & Neglect”, number LP-C-01 (dated May 2020); The LTCH’s investigation documentation; clinical records for five residents, including their care plans; and interviews with a PSW, and other staff. [s. 19. (1)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director**

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

**s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:**

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that a person who had reasonable grounds to suspect that improper or incompetent treatment or care of a resident occurred, immediately reported the suspicion and the information upon which it was based to the director.

A Personal Support Worker (PSW) stated that they had identified new areas of altered skin integrity on a resident. The PSW indicated that they believed the areas of altered skin integrity may have occurred as a result of care provided on a previous shift due to staff being rough during care with the resident. The PSW stated they reported the concern to a Registered Practical Nurse (RPN). The RPN stated to the Inspector that the PSW brought forward concerns related to the areas on the resident. The RPN confirmed that they did not bring the concerns forward to management. There was minimal risk of harm to the resident as a result of the RPN not reporting the concern to management.

The home's policy "Zero Tolerance of Abuse & Neglect", indicated that the RPN should have immediately notified management in the home of any suspected incident of abuse or improper care of a resident that resulted in harm or risk of harm to the resident.

Sources: The LTCH's policy "Zero Tolerance of Abuse & Neglect", number LP-C-01 (dated May 2020); and interviews with a PSW, an RPN, and other staff. [s. 24. (1)]

***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 a person who has reasonable grounds to suspect that improper or incompetent treatment or care of a resident has occurred shall immediately report the suspicion and the information upon which it is based to the director, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature  
Specifically failed to comply with the following:**

**s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:**

**1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home.

A review of the home's temperature records identified that the home was not measuring and documenting in writing the temperatures in any resident bedrooms. In an interview with the Administrator, they stated the home's current computerized temperature monitoring system only measures and documents the temperatures outside resident rooms, not inside the rooms. There was no risk of harm to the residents as the home was monitoring temperatures outside of resident rooms, and the home was cooled by central air conditioning at the time of the inspection.

Sources: The LTCH's temperature records; and an interview with the Administrator. [s. 21. (2) 1.]

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**Issued on this    6th    day of July, 2021**

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

**Original report signed by the inspector.**

**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

Long-Term Care Operations Division  
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Inspection de soins de longue durée

**Public Copy/Copie du rapport public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** KRISTEN MURRAY (731)

**Inspection No. /**

**No de l'inspection :** 2021\_777731\_0014

**Log No. /**

**No de registre :** 005890-21

**Type of Inspection /**

**Genre d'inspection:** Critical Incident System

**Report Date(s) /**

**Date(s) du Rapport :** Jul 6, 2021

**Licensee /**

**Titulaire de permis :** Sharon Farms & Enterprises Limited  
108 Jensen Road, London, ON, N5V-5A4

**LTC Home /**

**Foyer de SLD :** Earls Court Village  
1390 Highbury Avenue North, London, ON, N5Y-0B6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Rob Bissonnette

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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:

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

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 # /**

**No d'ordre :** 001

**Order Type /**

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

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

**Order / Ordre :**

The licensee must be compliant with s. 19. (1) of the LTCHA.

Specifically, the licensee must:

-Ensure residents #001, 002, 003, 004, and 005 are protected from abuse by Personal Support Worker (PSW) #105.

**Grounds / Motifs :**

1. The licensee has failed to ensure that five residents were protected from verbal and emotional abuse by a Personal Support Worker (PSW).

Section 2 (1) of the Ontario Regulation 79/10 defines verbal abuse as "any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident".

Section 2 (1) of the Ontario Regulation 79/10 defines emotional abuse as "any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident"

A PSW verbally and emotionally abused five residents in the home, causing minimal harm to the residents.

In an interview with the PSW, they confirmed the incidents that occurred, and

**Order(s) of the Inspector**

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indicated their words and actions were inappropriate towards the residents.

The home's policy "Zero Tolerance of Abuse & Neglect", stated that abuse of a resident will not be tolerated and all employees are expected to respond to residents with patience and compassion. The policy indicated that every resident will be treated with courtesy and respect and in a way that fully recognizes the resident's dignity and individuality.

Sources: The LTCH's policy "Zero Tolerance of Abuse & Neglect", number LP-C-01 (dated May 2020); The LTCH's investigation documentation; clinical records for five residents, including their care plans; and interviews with a PSW, and other staff.

An order was made by taking the following factors into account:

Severity: A PSW verbally and emotionally abused five residents, causing minimal harm to the residents as none of them could recall the incidents.

Scope: This scope was widespread because the abuse occurred to five residents.

Compliance History: Non-compliance has been issued to the home, related to difference sections of the legislation.  
(731)

2. (731)
3. (731)
4. (731)
5. (731)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Jul 15, 2021

**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**

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foyers de soins de longue durée*, L.O.  
2007, chap. 8

**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, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:

**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 Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of 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).

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
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2007, c. 8

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

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.O.  
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 6th day of July, 2021**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Kristen Murray

**Service Area Office /**

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