

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: March 12, 2025

Inspection Number: 2025-1475-0001

Inspection Type:

Complaint
Critical Incident

Licensee: Sharon Farms & Enterprises Limited

Long Term Care Home and City: Earls Court Village, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 20, 24, 25, 26, 27, 2025 and March 3, 4, 5, 6, 7, 10, 11 and 12, 2025

The following intake(s) were inspected:

- Intake: #00135676 - Critical Incident System (CIS) #3047-000043-24 concerning resident to resident abuse
- Intake: #00138867 - complaint log related to multiple care concerns of a resident
- Intake: #00140437 - complaint log related to multiple care concerns of a resident

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Infection Prevention and Control
Responsive Behaviours

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Palliative Care
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Care Conferences

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

Non-compliance with: O. Reg. 246/22, s. 30 (1) (a)

Care conference

s. 30 (1) Every licensee of a long-term care home shall ensure that,

(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and their substitute decision-maker, if any.

The licensee has failed to ensure that a care conference was held on admission to discuss a resident's plan of care and any other matters of importance to the resident and their substitute decision-maker.

A review of a resident's clinical records showed there was no documentation of a Multidisciplinary Care Conference within six weeks of admission. In an interview with the Resident Service Coordinator, they advised that they were responsible for care conferences, and it was not completed within six weeks following the resident's admission and should have been completed.

Sources: A complaint log, a resident's health records, and interviews with the Resident Service Coordinator and the Director of Care (DOC).

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WRITTEN NOTIFICATION: Falls Management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

The licensee has failed to ensure that a post-fall assessment using a clinically appropriate assessment instrument was utilized when a resident had fallen.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure the home's falls prevention and management program was in place, and ensure it was complied with.

Specifically, staff did not comply with the licensee's Fall Management policy which was part of the licensee's Falls Prevention and Management Program.

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A complaint was received by the Director concerning a resident's falls. During a record review, the inspector noted that a post fall assessment was not completed after a fall. In an interview with the Acting Executive Director, they advised that a post fall assessment was not completed after a particular fall.

Sources: complaint log, review of a resident's electronic records, review of the home's policy "Falls Prevention and Management Program", an interview with the DOC and Acting ED.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible.

The licensee has failed to ensure that for a resident who demonstrated responsive behaviours, a specific monitoring record was implemented to respond to those

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behaviours.

A resident was identified as having responsive behaviours toward other residents. The inspector reviewed a number of monitoring records and found missed documentation. Behaviour Supports Ontario (BSO) Registered Practical Nurse (RPN) and Acting ED both confirmed the inconsistent documentation.

Sources: Critical Incident System (CIS) #3047-000043-24, a resident's clinical records, interview with BSO RPN and Acting ED.

WRITTEN NOTIFICATION: Nutritional Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (e)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

(ii) body mass index and height upon admission and annually thereafter.

The licensee has failed to ensure that a resident had a weight measurement obtained for weight variances, as required of their weight monitoring system.

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In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure the home's nutrition program was in place, and ensure it was complied with.

Specifically, staff did not comply with the licensee's Weight policy which was part of the licensee's Nutrition Program.

During a record review, the inspector found that a resident had a recorded weight loss over a specific time period. Registered Dietitian (RD) advised that they had requested a re-weigh a number of times and it was not completed.

Sources: a complaint log, record review of a resident's weights, progress notes and nutrition assessments, home's Weight policy and staff interviews with RD and the Acting ED.

COMPLIANCE ORDER CO #001 Palliative care

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 61 (4)

Palliative care

s. 61 (4) The licensee shall ensure that, based on the assessment of the resident's palliative care needs, the palliative care options made available to the resident include, at a minimum,

- (a) quality of life improvements;
- (b) symptom management;
- (c) psychosocial support; and
- (d) end-of-life care, if appropriate.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically, the licensee must:

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- a) Retrain all registered nursing staff on a particular unit on the home's policies concerning palliative care and end-of-life care
- b) Maintain a written record of the training, including what the training entailed, who completed the training, who attended the training, and when the training was completed. Record of the training is to be kept within the home until this order is complied.
- c) Conduct a knowledge check of registered nursing staff to determine their knowledge concerning the required frequency of Palliative Performance Scores and the required frequency of the Palliative and End-of-life assessments and when to initiate a Palliative plan of care. Maintain a written record of the knowledge checks

Grounds

The licensee has failed to ensure a resident's palliative care needs were assessed and end-of-life care options including quality-of-life improvements, symptom management and psychosocial support were available.

A review of a resident's electronic records indicated that for a number of days prior to their death, they were in a particular state and End of life (EOL) care orders were not included in the plan of care.

The Acting Executive Director (ED) confirmed that the resident was not provided with EOL Care and particular assessments had not been completed.

Sources: review of a complaint log, a resident's progress notes, Palliative Performance Scale (PPS) assessments, nursing assessment summary chart, the home's policy "Palliative Care Philosophy" and "Palliative Care and EOL Care Assessment and Management" and interviews with the Director of Care (DOC) and Acting ED.

This order must be complied with by April 16, 2025

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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/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Director

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