

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: September 8, 2025

Inspection Number: 2025-1475-0004

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): August 27-29, 2025 and September 2-5, 8, 2025

The following intake(s) were inspected:

- Intake: #00153366 -CI #3047-000029-25 -Related to allegations of Incompetent care of a resident.
- Intake: #00154680 -CI #/3047-000033-25 -Related to allegations of resident abuse.
- Intake: #00154729 -A complaint related to alleging neglect and improper care of a resident.

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

Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Staffing, Training and Care Standards

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Reporting and Complaints
Palliative Care

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 25.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

25. Every resident has the right to be provided with care and services based on a palliative care philosophy.

The licensee failed to ensure that a resident's rights were protected by providing care and services based on a palliative care philosophy, as required under the *Fixing Long-Term Care Homes Act*.

A resident was not provided with a care at the end of their life that fully respected and promoted their dignity.

Sources: Complaint intake review; electronic health records of resident; interviews with staff members.

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WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

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,
(c) clear directions to staff and others who provide direct care to the resident.

The licensee failed to ensure that the written plan of care provided clear direction to staff related to resident's medical intervention.

Sources: Complaint intake review; clinical documentation of a resident; and staff interviews.

WRITTEN NOTIFICATION: Involvement of resident, etc.

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

Non-compliance with: FLTCA, 2021, s. 6 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee failed to ensure that the resident's substitute decision maker (SDM) was given the opportunity to participate fully in the development and implementation of the plan of care regarding a specialist referrals.

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Sources: Complaint intake review; clinical documentation of a resident; and staff interviews.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

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.

The licensee failed to ensure that care outlined in the resident's plan of care was provided as directed.

The resident's physician ordered specific assessments and plan of treatment for every shift. These orders were not entered or initiated in the Treatment Administration Record. Staff confirmed that the required treatment protocol was not implemented.

Sources: Complaint intake review; clinical documentation of a resident; and staff interviews.

COMPLIANCE ORDER CO #001 Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed

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for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

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

1) Develop and implement a formal written process for completing physician-ordered and routine laboratory tests, including INR monitoring.

This process must clearly outline the steps for receiving and documenting physician orders, transcribing them into the lab work schedule, preparing the lab requisition, and submitting it to the laboratory service provider. The method of submission (e.g., fax, electronic system) should reflect current practice. The written procedure must be readily accessible to all registered nursing staff.

2) Establish a verification system to ensure that all prescribed laboratory orders are accurately processed and submitted.

This system must include checks to confirm that each step from order receipt and documentation to requisition preparation and submission is completed and documented.

3) Implement a mechanism for prescribers to track the status of their orders.

This must allow prescribers to verify whether their diagnostic orders have been actioned and completed, regardless of the system used.

4) Integrate the lab requisition process into the orientation and ongoing

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education program for all registered nursing staff.

Training must include instruction on the home's expectations for processing diagnostic orders, timelines, and escalation procedures. Proof of completed education must be maintained and made available for inspection.

5) Conduct an audit of all INR lab requisitions for a one-month period.

The audit must verify that all INR orders were entered, requisitions completed, and tests performed as prescribed. Any discrepancies must be documented and addressed.

Grounds

The licensee failed to comply with the home's medication management system when a physician's order for International Normalized Ratio (INR) monitoring was not processed as prescribed.

A documentation confirmed the resident's INR exceeded safe levels while still receiving a related medication. Leadership acknowledged gaps in requisition tracking and staff training related to lab procedures.

Sources: Complaint intake review; clinical documentation of a resident; and interviews with staff members.

This order must be complied with by November 6, 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

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e-mail: MLTC.AppealsCoordinator@ontario.ca

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:

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Health Services Appeal and Review Board

Attention Registrar
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
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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.