

**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**

<b>Report Issue Date:</b> December 3, 2025
<b>Inspection Number:</b> 2025-1475-0006
<b>Inspection Type:</b> Complaint Critical Incident Follow up
<b>Licensee:</b> Sharon Farms & Enterprises Limited
<b>Long Term Care Home and City:</b> Earls Court Village, London

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): November 24, 25, 27, 28, 2025 and December 1, 2, 2025

The inspection occurred offsite on the following date(s): December 1, 2025

The following intake(s) were inspected:

- Intake: #00157369 - Follow-up CO #001 from inspection 2025-1475-0004 related to O. Reg. 246/22 - s. 123 (2) Medication management system
- Complaint Intake #00159875 concerning staffing
- Critical Incident System (CIS) #3047-000041-25, Intake #00160692 concerning a resident with hypoglycemia
- CIS #3047-000043-25, Intake #00161220 concerning a resident fall with injury
- Complaint Intake #00162429 concerning staffing and repairs in the home

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## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1475-0004 related to O. Reg. 246/22, s. 123 (2)

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

- Housekeeping, Laundry and Maintenance Services
- Medication Management
- Responsive Behaviours
- Staffing, Training and Care Standards
- Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg.

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246/22, s. 54 (1).

A resident's strategies to reduce or mitigate falls were not noted in their current care plan during the inspection. The Director of Care (DOC) recognized that fall interventions that were documented in past care plans were not found in the most current care plan and updated the care plan to include falls interventions.

**Sources: a resident's care plan, post fall assessment form their fall, and an interview with the DOC.**

Date Remedy Implemented: December 1, 2025

**WRITTEN NOTIFICATION: Doors in a home**

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. ii.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
  - ii. equipped with a door access control system that is kept on at all times

A door leading to a staircase, was not equipped with a door access control system that was kept on at all times. Both the Executive Director and the Environmental Services Manager (ESM) said that the lock on the door was broken. The ED explained that a quote for repair had been obtained and sent to their corporate office.

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**Sources:** Resident interview, ED and ESM interview, Quote for repair, Observation of the door.

## WRITTEN NOTIFICATION: Falls Prevention and Management

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 2.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.

In an interview with BSO Lead and the DOC, they advised that the mobility aid was not appropriate for the resident's care needs.

**Sources:** review of CIS report, a resident's electronic records, and an interview with the DOC and other staff.

## WRITTEN NOTIFICATION: Medication Management

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

**Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)**

Medication management system

s. 123 (3) The written policies and protocols must be,

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(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

Staff did not follow one of the home's policies related to medication management for a resident.

**Sources:** a CIS report, the home's policy Management of Hypoglycemia, a resident's electronic records, and an interview with the DOC.

## **WRITTEN NOTIFICATION: Medication Management**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 147 (2) (a)**

Medication incidents and adverse drug reactions

s. 147 (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,

(a) all medication incidents, incidents of severe hypoglycemia, incidents of unresponsive hypoglycemia, adverse drug reactions and every use of glucagon are documented, reviewed and analyzed;

In an interview with the DOC, they could not provide a written record that detailed a review of a resident's episode, and they stated they had not completed the required review.

**Sources:** review of CIS intake, a resident's electronic records, and an interview with the DOC.