



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

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

**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 16, 20, 2017	2017_607523_0001	002357-17	Complaint

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), ALISON FALKINGHAM (518)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

**This inspection was conducted on the following date(s): January 30, 31 and
February 1, 2017**

**This inspection was conducted for complaint Log # 002357-17 related to resident
care concerns.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
Assisting Director of Care (ADOC), Physician, Resident Care Coordinator (RCC),
the Office Manager, three Personal Support Workers (PSW), two Registered Staff
members and two residents.**

**The inspector(s) also observed residents and resident/staff interactions, care
provided to residents, reviewed training records, health care records and relevant
policies and procedures.**

The following Inspection Protocols were used during this inspection:

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

Sufficient Staffing

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

4 WN(s)

4 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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 O.Reg 79/10, s. 24. 24-hour admission care plan

Findings/Faits saillants :



1. The licensee has failed to ensure that a 24-hour admission care plan that was developed for the resident identified and included specific concerns and interventions.

The 24 hour admission plan of care for a resident identified specific concerns.

The new admission communication form completed by a staff member showed that none of this information was on the form and no interventions related to any of the above identified concerns were noted.

In an interview a staff member acknowledged that there were no interventions for the identified concerns and that interventions were not communicated with the staff regarding these concerns. This staff member said that it was their expectations that the initial plan of care would include interventions for identified concerns, they said that the home will be rolling out a new process on how to complete the initial care plan which would ensure interventions would be in place and communication to staff would be addressed.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was isolated and there was a previous non compliance in a similar area. [s. 24.]

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 24-hour admission care plan that was developed for the resident identified and included the following:
Interventions to mitigate any risks the resident may pose to himself or herself, including any risk of falling;
Safety measures to mitigate any risks the resident may pose to others, including any potential behavioural triggers, and
Interventions to skin conditions, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours; O. Reg. 79/10, s. 50 (2).

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident received a skin assessment by a member of the registered nursing staff within 24 hours of admission.

Clinical record review for a resident indicated the following:

- The resident was admitted to the home on a specific date.
- 24 hours admission care plan completed on that date, indicated that the resident had an altered skin integrity.
- Progress note from the physician four days after the admission date identified the condition of the dressing on the altered skin integrity site.
- Altered skin integrity assessment was completed on the same date.

Home's policy Skin and Wound, INDEX: CPM-F-20 revised Feb 2016, assessment

section, number 11 stated the following: ' Head –to-Toe Assessment Tool (electronically available on PCC) – The skin status of Residents is assessed using this tool in MDS under the following conditions:

- . For all Residents-within 24 hours upon admission;
- . For all Residents- quarterly, and whenever there is a change in health status that affects skin integrity;
- . For all Residents upon return from hospital;
- . For all Residents returning from a Leave of Absence greater than 24 hours".

In an interview a staff member said that they completed the 24 hour Admission Plan of Care sheet, they noted altered skin integrity as this was the information on the admission application, they did not assess the skin condition of the resident.

Clinical record review with this staff member showed that a skin assessment was not completed within 24 hours of admission.

A staff member acknowledged in an interview and after a clinical record review that the skin assessment was not completed within 24 hours of admission. The staff member said that the home's expectation was that the skin assessment would be completed within 24 hours of admission.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was isolated and there was a previous non compliance in this area. [s. 50. (2) (a) (i)]

2. The licensee has failed to ensure that the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

Clinical record for a resident indicated that the resident had multiple areas altered skin integrity. A new altered skin integrity concern was identified on a certain date, however a skin assessment was not completed for this newly identified concern.

The home's policy Skin and Wound Care Program Overview CPM-F-10 last revised February 2016 stated:

Wound Assessment Initial/Ongoing-will be completed by a registered staff member at a minimum of once weekly. The Initial and Ongoing Wound Assessment is implemented when a resident has any open area involving the dermal layer and deeper (including surgical wounds), skin tears will be assessed using the skin tear assessment.



A staff member acknowledged that the weekly skin and wound assessments for the altered skin integrity sites were not completed and the home's expectation was that all wounds receive a weekly wound assessment by a registered staff member.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was isolated and there was a previous non compliance in this area. [s. 50. (2) (b) (iv)]

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 the resident would receive a skin assessment by a member of the registered nursing staff within 24 hours of admission. Any resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, would be assessed at least weekly by a member of the registered nursing staff, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training



Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

Findings/Faits saillants :



1. The licensee has failed to ensure that all staff have received training in the following areas before performing their responsibilities:

The Residents' Bill of Rights.

The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

The duty under section 24 to make mandatory reports.

The protections afforded by section 26.

All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.

Any other areas provided for in the regulations. 2007, c. 8, s. 76 (2).

Two staff members said in interviews that they did not receive mandatory training or orientation that included prevention of abuse and neglect when they started working at the home.

Two staff members said in an interview that three current management team members and front line staff member did not complete the mandatory training/education.

A staff member said that it was the expectation that all staff complete the mandatory training on hire and annually, they said that this will be priority that all staff complete the annual mandatory education.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was isolated and there was a previous non compliance in this area. [s. 76. (2)]



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 no staff perform their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights.***
- 2. The long-term care home's mission statement.***
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.***
- 4. The duty under section 24 to make mandatory reports.***
- 5. The protections afforded by section 26.***
- 6. The long-term care home's policy to minimize the restraining of residents.***
- 7. Fire prevention and safety.***
- 8. Emergency and evacuation procedures.***
- 9. Infection prevention and control.***
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.***
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76 (2), to be implemented voluntarily.***

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records

Every licensee of a long-term care home shall ensure that,

- (a) a written record is created and maintained for each resident of the home; and**
- (b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.**

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident's written record was kept up to date at all times.

Clinical record review for a resident showed that certain treatments were not signed off on the Treatment Administration Record.

Staff members said in interviews that the treatments were expected to be given, the staff on the floor were very busy and may have completed the treatments without signing them off. They acknowledged that these treatments had not been signed off as completed.

A staff member said that the expectation was that the treatments are to be completed as set out in the plan of care and documentation regarding these treatments would be completed.

During this inspection this non-compliance was found to have a severity level of minimal harm/risk or potential for actual harm/risk, the scope was isolated and this non compliance was previously issued as Written Notification and Voluntary Plan of Correction on May 11, 2016 Inspection #2016_303563_0012. [s. 231. (b)]

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 the resident's written record was kept up to date at all times, to be implemented voluntarily.



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Issued on this 21st day of March, 2017

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

Original report signed by the inspector.