



**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 prévue
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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 7, 2018	2018_778563_0021	013077-18, 013080-18, 013083-18, 013086-18, 013089-18, 013096-18, 013152-18, 013155-18, 013186-18, 013188-18, 013190-18, 013192-18, 013194-18, 013198-18, 013201-18, 013203-18, 013206-18, 013208-18, 013212-18, 013217-18	Follow up

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

MELANIE NORTHEY (563), AMIE GIBBS-WARD (630), CASSANDRA ALEKSIC (689),
DEBRA CHURCHER (670)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): November 26, 27, 28, 29, 30 and December 3, 4, 5 and 6, 2018

The following Critical Incident (CI) and Complaint intakes were completed as onsite inquiries:

Related to the Prevention of Abuse and Neglect:

**Log #010929-18 / CI #3047-000060-18
Log #010116-18 / CI #3047-000056-18
Log #008812-18 / CI #3047-000049-18
Log #009165-18 / CI #3047-000053-18
Log #011572-18 / CI #3047-000068-18
Log #008557-18 / CI #3047-000047-18
Log #010214-18 / CI #3047-000057-18
Log #011410-18 / CI #3047-000066-18
Log #010423-18 / CI #3047-000059-18
Log #008751-18 / CI #3047-000048-18
Log #011235-18 / CI #3047-000065-18
Log #010217-18 / CI #3047-000058-18
Log #011404-18 / CI #3047-000067-18
Log #009765-18 / CI #3047-000055-18**

Related to the Medication Management System:

Log #007890-18 / CI #3047-000040-18

Related to Personal Support Services:

**Log #019420-18 / Complaint IL-58442-LO
Log #031238-18 / Complaint IL-62106-LO**

Related to Residents' Council:

Log #008303-18 / Complaint IL-56626-LO

During the course of the inspection, the inspector(s) spoke with the Responsive Health Management Nurse Consultant, the Administrator, the Director of Care, the Assistant Director of Care, the Staff Educator, the Resident Assessment Instrument



Coordinator, the Clinical Best Practice Lead, the Behavioural Supports Ontario Lead, the Therapeutic Manager, the Registered Dietitian, the Book Keeper, Registered Nurses, registered Practical Nurses, Personal Support Workers, the Residents' Council President, residents, and family members.

The inspector(s) also made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Inspector(s) observed meal and snack service, medication administration, resident/staff interactions, and infection prevention and control practices. The inspectors also reviewed the written staffing plan of the home, reviewed various meeting minutes and education records, reviewed written records of program evaluations and also reviewed the Responsive Health Management Compliance Action Plan and other supporting documents.

The following Inspection Protocols were used during this inspection:

**Continence Care and Bowel Management
Dining Observation
Falls Prevention
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Reporting and Complaints
Responsive Behaviours
Sufficient Staffing
Trust Accounts**

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

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



The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 101. (3)	CO #012	2018_722630_0007	689
O.Reg 79/10 s. 116.	CO #013	2018_722630_0007	563
O.Reg 79/10 s. 130.	CO #014	2018_722630_0007	563
O.Reg 79/10 s. 131. (1)	CO #015	2018_722630_0007	563
O.Reg 79/10 s. 131. (2)	CO #016	2018_722630_0007	563
O.Reg 79/10 s. 131. (3)	CO #017	2018_722630_0007	563



O.Reg 79/10 s. 135.	CO #018	2018_722630_0007	563
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #002	2018_722630_0007	689
LTCHA, 2007 S.O. 2007, c.8 s. 20. (1)	CO #003	2018_722630_0007	689
O.Reg 79/10 s. 229. (5)	CO #019	2018_722630_0007	630
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #004	2018_722630_0007	689
O.Reg 79/10 s. 30. (1)	CO #020	2018_722630_0007	630
O.Reg 79/10 s. 31. (3)	CO #006	2018_722630_0007	630
O.Reg 79/10 s. 49. (2)	CO #007	2018_722630_0007	670
O.Reg 79/10 s. 53. (3)	CO #008	2018_722630_0007	630



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O.Reg 79/10 s. 53. (4)	CO #009	2018_722630_0007	630
LTCHA, 2007 S.O. 2007, c.8 s. 6.	CO #001	2018_722630_0007	630
O.Reg 79/10 s. 68. (2)	CO #010	2018_722630_0007	630
O.Reg 79/10 s. 73. (1)	CO #011	2018_722630_0007	689
O.Reg 79/10 s. 8. (1)	CO #005	2018_722630_0007	563

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 117. Medical directives and orders — drugs

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

(a) all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act; and

(b) no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs. O. Reg. 79/10, s. 117.



Findings/Faits saillants :

1. The licensee has failed to ensure that all medical directives or orders for the administration of a drug to a resident were reviewed at any time when the resident's condition was assessed or reassessed in developing or revising the resident's plan of care.

Compliance Order (CO) #018 stated that the licensee "must be compliant with O.Reg. 79/10, s. 135. Specifically the licensee must:

- a) Ensure that every medication incident involving a resident and every adverse drug reaction is reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider.
- b) Ensure that all medication incidents and adverse drug reactions are documented, reviewed and analyzed; corrective actions are taken as necessary and a written record is kept of everything.
- c) Ensure that a quarterly review is undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions; any changes and improvements identified in the review were implemented; and a written record is kept of everything."

Inspector #563 selected the last medication incident that occurred in the home at the time of the follow up inspection. The Medication Incident Report for a resident documented an incident where the resident's lab results were not received until after the administration of a specific medication. The Assistant Director of Care (ADOC) #104 completed the investigation related to this medication incident.

The Lab Report Tracking Audit documented that laboratory requisitions were delivered to the home in the morning and signed as received by a registered nursing staff member.

The Medication Incident Note in Point Click Care documented that the specific medication was administered without knowledge of the lab results.

The electronic Medication Administration Report (eMAR) in PCC documented that the

resident was administered the specific medication as ordered by the physician at that time.

The ADOC #104 stated that a specific protocol was a medical directive used in the home and provided direction for the registered nursing staff when processing specific medication orders according to a resident's lab results. The ADOC verified that the day nurse should have transcribed those orders based on the protocol at the time the lab reports were received. The ADOC explained that the process in place was to ensure that the lab results were delivered to the appropriate nursing station and at the appropriate time. The ADOC stated that the lab results from Dynamed were hand delivered to the receptionist at the front desk; the receptionist would then call the nursing stations for the registered staff to pick up the lab results. A lab report tracking audit was the tool the receptionist used to track that the registered staff had received the labs. The ADOC showed Inspector #563 the Lab Report Tracking Audit that indicated requisitions were delivered at in the morning and verified that the resident's specific medication order should have been processed to reflect the medical directive related to the specific protocol in place.

The licensee failed to ensure that the lab result for the administration of a medication to the resident was reviewed when the resident's lab result was reassessed in revising the resident's medication order to reflect the protocol in place. The day shift registered nursing staff member did not review the resident's lab results and did not process the medication order to reflect the protocol in a timely manner. The medication incident was related to the transcription and review of the resident's lab results to ensure timely processing of the medication order for administration. [s. 117. (a)]

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 all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care, to be implemented voluntarily.



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Issued on this 7th day of December, 2018

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

Original report signed by the inspector.