

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 12, 2021	2021_790730_0026	010076-21	Critical Incident System

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

Kensington Village
1340 Huron Street London ON N5V 3R3

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

CHRISTINA LEGOUFFE (730)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): July 28, 29, and 30, 2021.

The following Critical Incident System (CIS) intakes were completed within this inspection:

CIS #2729-000015-21/ Log #010076-21 related to falls prevention.

An Infection Prevention and Control (IPAC) inspection was also completed as part of this inspection.

A cooling and air temperature inspection was also completed as part of this inspection.

Inspector #731 was also present during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), a Screener, the Environmental Services Manager (ESM), Registered Nurses (RNs), Registered Practical Nurses (RPNs), a Personal Support Worker, and residents.

The inspectors also observed resident rooms and common areas, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed policies and procedures of the home, and reviewed the home's temperature records.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Safe and Secure Home

Skin and Wound Care

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

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

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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,
(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 residents #002 and #005, who experienced altered skin integrity received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, and were reassessed at least weekly.

When resident #002 returned from hospital, a head to toe assessment documented that the resident had two areas of altered skin integrity. A progress note from the same date documented that the resident had a third area of altered skin integrity.

Skin and wound assessments were initiated, but not completed on two dates, and an assessment was completed at a later date, for one of the areas of altered skin integrity. No skin and wound assessments were documented for the second area of altered skin integrity identified. There was no documented assessment of the third area of altered skin integrity until approximately 15 days after the resident was readmitted from hospital and no weekly wound reassessments were completed on this area for a nine day period.

Resident #002 was also identified to have a fourth area of altered skin integrity. No

weekly wound reassessments were completed for this area between for a nine day period.

A Registered Nurse (RN) said that registered staff were expected to complete a skin and wound assessment when a new area of altered skin integrity was identified and that the areas were to be reassessed at least weekly. [s. 50. (2) (b) (i)]

2. Resident #005 fell, which led to three areas of altered skin integrity.

No skin and wound assessments were completed using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A Registered Practical Nurse (RPN) said that they were unaware that resident #005 had any areas of altered skin integrity and that they could not find initial or weekly reassessments for the effected areas.

The home's policy titled "Skin and Wound Care Program Assessment" (revised March 2020), indicated that staff were to initially assess areas of impaired skin integrity and then reassess them at least once per week.

There was a risk that resident #002 and #005's wounds could have worsened as a result of not being assessed and then reassessed at least weekly.

Sources: Resident #002 and #005's clinical records including progress notes, Treatment Administration Records, Assessments, the home's policy titled "Skin and Wound Care Program Assessment" (revised March 2020), and interviews with an RN, RPN, and other staff. [s. 50. (2) (b) (i)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident's plan of care was reviewed and revised when their care needs changed related to transferring.

A resident's transfer status changed when they returned from hospital. The resident was subsequently assessed by the home's Physiotherapist. The resident's plan of care was not updated immediately to reflect the change in the resident's transferring needs.

The Director of Care (DOC) said that it was the expectation in the home that a resident's plan of care was immediately updated when their care needs changed. They said that the resident's plan of care had not been updated immediately when their transferring needs changed.

There was a risk of harm to the resident when their plan of care was not updated when their transferring needs changed.

Sources: Resident clinical record including plan of care and progress notes and interviews with the DOC and other staff. [s. 6. (10) (b)]

Issued on this 12th day of August, 2021

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CHRISTINA LEGOUFFE (730)

Inspection No. /

No de l'inspection : 2021_790730_0026

Log No. /

No de registre : 010076-21

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Aug 12, 2021

Licensee /

Titulaire de permis : Sharon Farms & Enterprises Limited
108 Jensen Road, London, ON, N5V-5A4

LTC Home /

Foyer de SLD : Kensington Village
1340 Huron Street, London, ON, N5V-3R3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Tracie Klisht

To Sharon Farms & Enterprises Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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;

(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;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must comply with s. 50 (2) of O. Reg 79/10:
Specifically, the licensee must:

- 1) Ensure residents #002 and #005 receive a skin assessment by a member of the registered nursing staff, using a clinically appropriate instrument that was specifically designed for skin and wound assessments, when they develop new skin impairments.
- 2) Ensure resident #002 and #005 are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.
- 3) Complete weekly audits of the weekly wound assessments that were and were not completed on each home area. Audits will be completed for a minimum of three months or until the order is complied. Keep a written record of the weekly wound audit and include the resident, the person completing the audit, the outcome of the audit and corrective action if necessary.

Grounds / Motifs :

1. The licensee has failed to ensure that residents #002 and #005, who experienced altered skin integrity received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, and were reassessed at least weekly.

When resident #002 returned from hospital, a head to toe assessment documented that the resident had two areas of altered skin integrity. A progress note from the same date documented that the resident had a third area of altered skin integrity.

Skin and wound assessments were initiated, but not completed on two dates, and an assessment was completed at a later date, for one of the areas of altered skin integrity. No skin and wound assessments were documented for the second area of altered skin integrity identified. There was no documented assessment of the third area of altered skin integrity until approximately 15 days after the resident was readmitted from hospital and no weekly wound reassessments were completed on this area for a nine day period.

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

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Resident #002 was also identified to have a fourth area of altered skin integrity. No weekly wound reassessments were completed for this area between for a nine day period.

A Registered Nurse (RN) said that registered staff were expected to complete a skin and wound assessment when a new area of altered skin integrity was identified and that the areas were to be reassessed at least weekly. [s. 50. (2) (b) (i)]

2. Resident #005 fell, which led to three areas of altered skin integrity.

No skin and wound assessments were completed using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

A Registered Practical Nurse (RPN) said that they were unaware that resident #005 had any areas of altered skin integrity and that they could not find initial or weekly reassessments for the effected areas.

The home's policy titled "Skin and Wound Care Program Assessment" (revised March 2020), indicated that staff were to initially assess areas of impaired skin integrity and then reassess them at least once per week.

There was a risk that resident #002 and #005's wounds could have worsened as a result of not being assessed and then reassessed at least weekly.

Sources: Resident #002 and #005's clinical records including progress notes, Treatment Administration Records, Assessments, the home's policy titled "Skin and Wound Care Program Assessment" (revised March 2020), and interviews with an RN, RPN, and other staff. [s. 50. (2) (b) (i)]

An order was made by taking the following factors into account:

Severity: The missing weekly skin and wound assessments led to risk of resident #002 and #005's wounds deteriorating.

Scope: This issue was a pattern since two out of three residents did not have

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2007, chap. 8

weekly skin and wound assessments completed.

Compliance History: One Compliance Orders (CO) was issued to the home
related to this subsection of legislation in the past 36 months.

(730)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Sep 24, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
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Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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

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Pursuant to section 153 and/or
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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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Care Homes Act, 2007*, S.O.
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2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 12th day of August, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Christina Legouffe

Service Area Office /

Bureau régional de services : London Service Area Office