

**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**

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 # / No de registre	Type of Inspection / Genre d'inspection
Aug 12, 2021	2021_790730_0027	011783-21	Complaint

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), KRISTEN MURRAY (731)

Inspection Summary/Résumé de l'inspection

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

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

The following complaint inspection was conducted:

Log #011783-21 related to nutrition care and skin and wound care.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), a Cook, the Dietary Director, a Registered Practical Nurse (RPN), Personal Support Workers (PSWs), and residents.

The inspectors also observed resident rooms and common areas, observed meal service, 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 the home's complaint records.

The following Inspection Protocols were used during this inspection:

**Dining Observation
Medication
Nutrition and Hydration
Skin and Wound Care**

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

**2 WN(s)
2 VPC(s)
0 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care related to nutrition interventions was provided to a resident, as specified in the plan.

A resident's care plan included nutrition interventions. During an observation of lunch meal service the resident's nutrition interventions were not provided as per their plan of care. In an interview with the Dietary Director, they confirmed that the resident should have received their meal, as per their nutrition interventions outlined in the care plan. There was minimal risk of harm to the resident related to not receiving their nutrition interventions.

The home's Meal Service policy stated that all meals should have been served according to the diet card, therapeutic spread sheets and the details noted for each resident in the Dietary Kardex. The policy also identified that staff assisting residents should have been aware of each resident's diet, special needs and food/beverage preferences.

Sources: The LTCH's Meal Service policy (dated April 30, 2020); resident clinical records, including progress notes and care plan; observations; and interviews with the Dietary Director and other staff. [s. 6. (7)]

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 care set out in the plan of care related to weight control nutrition interventions are provided as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (2) The licensee shall ensure that,

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that four residents, who required assistance with eating were not served a meal until someone was available to provide the assistance required by the resident.

During an observation of lunch meal service, it was identified that two residents were each served their meal 13 minutes before someone was available to provide them with assistance. It was also observed that another resident was served their meal 30 minutes before someone was available to provide them with assistance. In an interview with the Dietary Director, they confirmed that the three residents required total dependence with their meal, and they should not have been served their meals until a staff member was available to assist them.

During an observation of lunch meal service on another date and in a different home area, it was identified that a fourth resident was served their meal 20 minutes before a staff member was available to provide them assistance. In an interview with a Personal Support Worker (PSW), they confirmed that the resident required total dependence with their meal, and they should not have been served their meal until a staff member was available to assist them.

The home's Meal Service policy stated that delivery of meals to those residents requiring assistance with eating or drinking should not have occurred until someone was available to provide the assistance required by the resident. There was minimal risk of harm to the residents related to being served their meals before someone was available to provide them assistance.

Sources: The LTCH's Meal Service policy (dated April 30, 2020); resident clinical records, including progress notes and care plan; observations; and interviews with the Dietary Director, a PSW and other staff. [s. 73. (2) (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 residents who require assistance with eating are not served a meal until someone is available to provide the assistance required by the resident, to be implemented voluntarily.

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.