

**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

**Report Issue Date:** April 7, 2025

**Inspection Number:** 2025-1225-0001

**Inspection Type:**

Critical Incident

**Licensee:** Sharon Farms & Enterprises Limited

**Long Term Care Home and City:** Kensington Village, London

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 31, 2025 and April 1, 2, 3, 2025

The following intake(s) were inspected:

- Intake: #00139874 - 2729-000004-25 Fall of a resident resulting in injury.
- Intake: #00140818 - 2729-000005-25 COVID Outbreak.

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

Infection Prevention and Control  
Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the

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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: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

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,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that a resident's care plan was updated when the resident's health status improved.

A resident was observed and noted to require less assistance than what was documented in the care plan. The Director of Nursing (DON) updated the care plan the following day to reflect the current level of assistance required for the resident.

**Sources:** Observations; Record review of the resident's electronic health records; Interviews with staff.

Date Remedy Implemented: April 1, 2025

**WRITTEN NOTIFICATION: Plan of Care**

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

**Non-compliance with: FLTCA, 2021, s. 6 (1) (c)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,  
(c) clear directions to staff and others who provide direct care to the resident; and

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The licensee failed to ensure that clear direction was provided to staff related to new falls interventions after a resident fell on multiple days of a specific month.

During an interview with the Falls Lead, they verified that when the resident fell on those days, the care plan was not updated to reflect strategies to reduce or mitigate falls. The Falls Lead stated that staff are expected to review the home's Day to Day PSW Communication every shift and would know what falls interventions had been put in place. Review of a specific intervention log for the month reflected that staff implemented this intervention after the falls occurred. Furthermore, in an interview with a PSW, they were unable to clearly recount which falls interventions were put in place for the resident after the first fall.

**Sources:** Record review of the resident's electronic health records and the home's documents; Interviews with staff.

## WRITTEN NOTIFICATION: Documentation

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

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee failed to ensure that the provision of care, as set out in the plan of care, was documented.

In an interview, the Falls Lead stated that specific documentation for a resident was not started on a specific date at a specific time even though staff had been made aware of this new fall intervention during morning report that day. A review of the

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resident's electronic health record indicated that a task for this intervention was not entered until the next day.

**Sources:** Record review of the resident's electronic health record and the home's documents; Interviews with staff.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control (IPAC) was complied with.

Specifically, as per IPAC Standard Additional Requirement 4.3, the home failed to ensure that following the resolution of an outbreak, the Outbreak Management Team and the interdisciplinary IPAC team conducted a debrief session to assess IPAC practices that were effective and ineffective in the management of the outbreak. A summary of findings was not created that made recommendations to the licensee for improvements to outbreak management practices.

**Sources:** Outbreak Huddle record review; Interview with the IPAC Lead.