



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
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## Public Copy/Copie du public

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 10, 2014	2014_183135_0093	007156-14	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

Earl's Court Village  
1390 Highbury Avenue North LONDON ON 000 000

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

BONNIE MACDONALD (135)

## 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): December 2 and  
December 4, 2014.**

**During the course of the inspection, the inspector(s) spoke with Administrator,  
Owner, Acting Director of Care, Registered Nurse, Food Services Manager, Director  
of Facilities Services, Dietitian, 2 Registered Practical Nurse, 3 Personal Support  
Workers, Laundry Aide, 3 Cooks, Dietary Aide and 7 Residents.**

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

**Accommodation Services - Laundry**

**Dining Observation**

**Food Quality**

**Snack Observation**

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

**5 WN(s)**

**5 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>Legendé</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. 15. Accommodation services**
**Specifically failed to comply with the following:**

- s. 15. (1) Every licensee of a long-term care home shall ensure that,**
- (a) there is an organized program of housekeeping for the home; 2007, c. 8, s. 15 (1).**
  - (b) there is an organized program of laundry services for the home to meet the linen and personal clothing needs of the residents; and 2007, c. 8, s. 15 (1).**
  - (c) there is an organized program of maintenance services for the home. 2007, c. 8, s. 15 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the residents' linen and personal clothing was being collected, sorted, cleaned and delivered as evidenced by:

During interviews with residents and staff December 2 and December 4, 2014, they expressed the following concerns regarding not getting their laundry and linens returned in a timely manner:

- "Laundry has been sporadic. It was really backed up about one and one half months ago. It happened again about 10 days ago. I still have some stuff from 2 weeks ago that's not back yet and I have things from 2 days ago that are back now."
- "Laundry service is poor, it's been crazy. It goes in one day and it is back the next day but that didn't last."
- "The laundry is backed up. Sometimes the laundry chute is full of laundry bags from the 4th floor down to the laundry room in the basement. Sometimes the residents don't have clothes to wear and we are often short towels and peri cloths."

During a tour of the Laundry Room December 2, 2014, with the Director of Facilities Services it was noted there was large amounts of laundry bags yet to be sorted and washed. The Director of Facilities Services confirmed "We are behind."

In an interview the Director of Facilities Services confirmed his expectation that the residents' linen and personal clothing are being collected, sorted, cleaned and delivered in a timely manner to meet the needs of the residents. [s. 15. (1) (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 ensuring that residents' linen and personal clothing are being collected, sorted, cleaned and delivered in a timely manner, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning  
Specifically failed to comply with the following:**

**s. 71. (7) The licensee shall ensure that food and beverages that are appropriate for the residents' diets are accessible to staff and available to residents on a 24-hour basis. O. Reg. 79/10, s. 71 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there were appropriate food and beverages for all residents' diets accessible to staff and available to residents on a 24-hour basis when the following occurred:

Following lunch service, December 2, 2014, in home dining room the following food items were noted to be available in the kitchen servery:

2 litres of Diet Ginger Ale, 3 cans of Regular Ginger Ale, one-quarter of a 2 litre container of lactose free milk, peanut butter, jam, crackers and cold cereal. There were no appropriate food items available for puree diets.

In interviews with staff members it was revealed that there is often very little food and drinks left in the servery kitchens available for residents between meals and snacks.

During an interview the Food Services Manger confirmed her expectation that there is appropriate food and beverages available for all diets, including the texture modified diets and that it is accessible to staff and available to residents on a 24-hour basis. [s. 71. (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 ensuring that there is appropriate food and beverages available for all diets, including the texture modified diets and that it is accessible to staff and available to residents on a 24-hour basis, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production**

**Specifically failed to comply with the following:**

**s. 72. (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,**  
**(a) preserve taste, nutritive value, appearance and food quality; and O. Reg. 79/10, s. 72 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all food and fluids were prepared, stored and served using methods which preserve nutritive value, appearance and food quality as evidenced by:

During lunch service December 4, 2014, in home dining room 7/8 (87.5%) of the portion sizes reviewed were incorrect and were of a lesser quantity than the posted menu; resulting in a lower nutritive value for the meals:

Puree Scalloped Potato serving scoop size was #12, menu indicates scoop size #10  
Scalloped Potatoes serving scoop size was #10, menu indicates scoop size #8  
Minced Spinach serving scoop size was #16, menu indicates scoop size #10  
Puree Meatloaf serving scoop size was #16, menu indicates scoop size #10  
Mashed Potato serving scoop size was #16, menu indicates scoop size # 8  
Puree Zucchini serving scoop size was #16, menu indicates scoop size #10  
Puree Spinach serving scoop size was #16, menu indicates scoop size #10

In interviews with Dietary staff they shared that there were not enough scoops available to ensure residents got the correct portion sizes at meals. This was also confirmed by the Food Services Manager.

During an interview the Food Services Manager confirmed her expectation that all food and fluids are prepared, stored and served using methods which preserve taste, nutritive value, appearance and food quality. [s. 72. (3) (a)]



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***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 ensuring that all food and fluids are prepared, stored and served using methods which preserve nutritive value as it relates to the serving of the correct portion sizes, to be implemented voluntarily.***

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**WN #4: 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. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:  
6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that food and fluids were served at a temperature that is both safe and palatable to the residents as evidenced by the following:

During lunch service in the home dining room a resident shared the following comment with the Inspector, "the food could be hotter."

Record review of the Resident's Council Food Committee meetings revealed on September 9, 2014 and October 14, 2014, residents had concerns with "lukewarm food" and "vegetables always cold."

The home's Meal Service Daily Temperature Record policy #55-05 states minimum hot food temperature during meal service is 63C.

During lunch service in home dining room it was observed that 4/8 (50%) of the menu items when probed were lower than the minimum service temperature of 63C as follows:

Carrots Puree-54.3C  
Carrots Minced-44.2C  
Chicken Minced-38.9C  
Broccoli Minced- 51.1C

During an interview the Food Services Manager confirmed her expectation that hot foods are maintained at a minimum temperature of 63C to ensure that foods and fluids are served at a temperature that is both safe and palatable to residents. [s. 73. (1) 6.]

***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 ensuring that food and fluids are served at a temperature that is both safe and palatable to the residents, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service**

**Specifically failed to comply with the following:**

**s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,**

**(a) procedures are developed and implemented to ensure that,**

**(i) residents' linens are changed at least once a week and more often as needed,**

**(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**

**(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**

**(iv) there is a process to report and locate residents' lost clothing and personal items; O. Reg. 79/10, s. 89 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the process to report and locate residents' lost clothing and personal items was implemented as evidenced by:

During interviews two residents shared with inspector that they had missing articles of personal clothing since shortly after being admitted to the home in 2014. As of December 2, 2014, these items had not been returned to the residents.

The home's Missing Resident Laundry policy #FSM-B-95, October 2013, states:

- All missing personal clothing that is reported will be recorded on the Missing Laundry form and every effort will be made to locate them.
- #4-Report the lost item by forwarding the Missing Laundry Form to the laundry staff if the item is not found in the home area.

In an interview the Laundry staff member confirmed she had not received any notification via the home's Missing Laundry Form FSM-B-95-05 that the two residents were missing personal clothing.

During an interview the Director of Facility Services confirmed his expectation that the process to report and locate residents' lost clothing and personal items is followed to ensure that every effort will be made to locate the missing items. [s. 89. (1) (a) (iv)]



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***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 ensuring that there is a process to report and locate residents' lost clothing and personal items, to be implemented voluntarily.***

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**Issued on this 10th day of December, 2014**

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

**Original report signed by the inspector.**