



**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
Direction de l'amélioration de la
performance et de la conformité**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
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London
130 avenue Dufferin 4ème étage
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 4, 2016	2015_303563_0052	033924-15	Follow up

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

Earls Court Village
1390 Highbury Avenue North LONDON ON 000 000

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

MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection



**Ministry of Health and
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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): December 7, 8 and 9, 2015

The following inspections were done concurrently:

Complaint: IL-40275-LO / log #025403-15

Critical Incident: 3047-000024-15 / log #012005-15

Critical incident: 2047-000030-15 / log #023079-15

PLEASE NOTE: A Written Notification and Compliance Order related to O. Reg 79/10, s. 101, identified in concurrent inspections #2015_303563_0055 (Logs #023079-15, #023981-15 and 012005-15), inspection #2015_229213_0058 (Log #025403-15) and inspection #2015_229213_0060 (Log #010427-15) will be issued in this report.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Recreation, one Registered Practical Nurse, one Personal Support Worker, one family member and three residents.

The inspector(s) also made observations of residents, activities and care. Relevant policies and procedures, as well as clinical records, plans of care for identified residents, the home's investigation notes and the reporting and complaints documentation was reviewed.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Responsive Behaviours

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 101. Dealing with complaints

Findings/Faits saillants :

1. The licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was provided a response to the person who made the complaint, indicating what the licensee had done to resolve the complaint. The licensee also failed to ensure that a documented record was kept in the home that included,



- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

Record review of the Licensee Order for a Complaint Inspection dated May 28, 2015 with Log # 008221-15 revealed the home was ordered to prepare, submit and implement a plan that identified:

A) "An open communication system to deal with every written or verbal complaint made to the licensee or a staff member concerning a resident that provides a response to the person who made the complaint indicating what the licensee has done to resolve the complaint."

B) "A monitoring system must be developed to ensure that a documented record is kept in the home that includes:

- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant."

Record review of the "CQI (Continuous Quality Improvement) Action Plan Form" submitted as the compliance plan for an order issued on May 28, 2015 related to s. 101, dealing with complaints revealed the home would take the following action, "to ensure there is a monitoring system in place within the home to provide a documented record of complaints."

i) Record review of the "Complaints Management Tracking" sheet revealed a verbal complaint by a family member of resident # 008 where by the resident did not receive care or services. There was no documented follow-up or outcome and a Client Services Response Form was not completed.



ii) Record review of the Client Services Response Forms revealed a complaint logged by a family member of resident # 009 who reported concerns to an RN. Although the response to this verbal complaint was given, the complaint was not logged on the "Complaints Management Tracking" sheet.

iii) Record review of the progress notes for resident # 100 revealed the resident and family voiced a complaint regarding another resident's disturbing behaviours.

Record review of the home's complaints log revealed no documentation regarding the complaint from the family of and resident # 100 regarding another resident's behaviour.

Staff interview with the Administrator and the acting Director of Care confirmed that the home did not follow up with the complainant (family of and resident # 100) regarding the resolution of their concern and did not log the complaint in the complaints log for quarterly review and analysis.

iv) Record review of progress notes for resident # 102 and critical incident 3047-000024-15 revealed this resident voiced a complaint regarding a staff member.

Record review of the home's complaints binder and log revealed no documentation of an investigation of the complaint, actions taken or follow up regarding the concern voiced by resident #102.

Staff interview with the Administrator and the acting Director of Care on December 9, 2015 confirmed that the home did not follow up with the complainant (resident # 102) regarding the resolution of their concern, did not document the concern, the investigation or the actions taken on a Client Services Response form and did not log the complaint in the complaints log for quarterly review and analysis.

v) Record review of progress notes for resident # 104 and critical incident 3047-000030-15 revealed this resident voiced a complaint about a staff member.

Record review of the home's complaints binder and log revealed no documentation of an investigation of the complaint, actions taken or follow up regarding the concern voiced by resident # 104.

Staff interview with the Administrator and the acting Director of Care on December 9,



2015 confirmed that the home did not document the concern from resident # 104, the investigation or actions taken on a Client Services Response form and did not log the complaint in the complaints log for quarterly review and analysis.

vi) Phone interview with a family member of resident # 106 revealed they reported a complaint to the registered staff regarding care and they left a phone message for the administrator. The family member reported that they never heard from the home regarding this complaint.

Record review of the home's reporting and complaints log revealed no documentation regarding this complaint, including the complaint, investigation or actions taken.

The Administrator confirmed that this complaint was not documented as per the home's policy, there was no investigation, no actions taken, there was no follow up with the complainant and the complaint was not logged.

The home was not compliant with the order to implement a monitoring system for verbal and written complaints. [s. 101.]

2. "Education must be provided to all residents, staff and families so that there is open communication on how to resolve concerns, as well as complaints."

Record review of the "CQI (Continuous Quality Improvement) Action Plan Form" submitted as the compliance plan for an order issued on May 28, 2015 related to s. 101, dealing with complaints revealed the home would take the following actions, "Ensure families are educated on the process for making a complaint and what is done with the complaints. The process for making a complaint will be reviewed at Resident's Council on July 14, 2015 and the next scheduled Family Council on July 28, 2015." The home would also, "Re-educate home staff on the Client Service Response Form (CSR)" and "The policy regarding appropriate times to notify family... will be sent to each registered staff member, to be reviewed, signed off on and resubmitted by the target date of July 15, 2015."

Staff interview between the Director of Recreation and Inspector # 213 revealed he did not recall any discussion related to the reporting and complaints policy at any meeting and provided a copy of the Residents' Council meeting minutes for July 28, 2015.

Record review of the Residents' Council meeting dated July 28, 2015 revealed no



mention of the education related to the handling of complaints process during this meeting as planned for compliance. Staff interview with the Administrator confirmed there was no education delivered to Residents' or Family Council related to the handling of complaints at any time.

The Administrator provided the inspector with confirmation of those staff who received education related to the "Management of Concerns / Complaints / Compliments" policy and Client Service Response Form. This revealed 72 staff members received training in the handling of complaints. The following 53 staff did not receive this training:

Registered Nurses= four staff

Registered Practical Nurses= eight staff

Environmental Department= five staff

Dietary Department= four staff

Personal Support Workers= 31 staff

Recreation Department= one staff

Staff interview with the Administrator confirmed not all home staff received education on the Client Service Response Form (CSR) records related to the handling of complaints. Also, the policy regarding appropriate times to notify family was not sent to each registered staff member to be reviewed, signed off and resubmitted.

The home was not compliant with the order to provide education to all residents, staff and families so that there is open communication on how to resolve concerns, as well as complaints. [s. 101.]

3. "The written plan must outline who will be responsible for developing the education, when and how it will occur for all residents, staff and families."

Staff interview with the Administrator confirmed the Director of Quality Improvement / Staff Educator resigned in October 2015. The Administrator also confirmed the home has undergone a leadership turnover several times in the past six months and role responsibilities were not clear related to the delivery of education. [s. 101.]

Additional Required Actions:

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



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soins de longue durée**

Issued on this 4th day of January, 2016

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

Original report signed by the inspector.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
des Soins de longue durée**

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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 System Accountability and Performance Division
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Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MELANIE NORTHEY (563)

Inspection No. /

No de l'inspection : 2015_303563_0052

Log No. /

Registre no: 033924-15

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Jan 4, 2016

Licensee /

Titulaire de permis : SHARON FARMS & ENTERPRISES LIMITED
1340 HURON STREET, LONDON, ON, N5V-3R3

LTC Home /

Foyer de SLD : Earls Court Village
1390 Highbury Avenue North, LONDON, ON, 000-000

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Paula Thomson

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

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

Ordre(s) de l'inspecteur

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 # /

Ordre no : 001

Order Type /

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

Linked to Existing Order /

Lien vers ordre existant: 2015_182128_0011, CO #001;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 101. Dealing with complaints

Order / Ordre :

The licensee shall ensure that:

1. The Monitoring System "Complaints Management Tracking" is completed in full, in a timely manner, for every verbal and written complaint received, effective immediately.
2. The Family and Residents' Councils will be presented with this information by the Administrator or Designate and the members of Council will be given an opportunity to give feedback on the plan at the next planned Council meeting after the issuance of this order.
3. Staff who have not yet been educated on this process will complete their education by January 31, 2016.

Grounds / Motifs :

1. The licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was provided a response to the person who made the complaint, indicating what the licensee had done to resolve the complaint. The licensee also failed to ensure that a documented record was kept in the home that included,
 - (a) the nature of each verbal or written complaint;
 - (b) the date the complaint was received;
 - (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
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Record review of the Licensee Order for a Complaint Inspection dated May 28, 2015 with Log # 008221-15 revealed the home was ordered to prepare, submit and implement a plan that identified:

“The written plan must outline who will be responsible for developing the education, when and how it will occur for all residents, staff and families.”

Staff interview with the Administrator confirmed the Director of Quality Improvement / Staff Educator resigned in October 2015. The Administrator also confirmed the home has undergone a leadership turnover several times in the past six months and role responsibilities were not clear related to the delivery of education. (563)

2. Record review of the Licensee Order for a Complaint Inspection dated May 28, 2015 with Log # 008221-15 revealed the home was ordered to prepare, submit and implement a plan that identified:

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The home was not compliant with the order to provide education to all residents, staff and families so that there is open communication on how to resolve concerns, as well as complaints. (563)

3. Record review of the Licensee Order for a Complaint Inspection dated May 28, 2015 with Log # 008221-15 revealed the home was ordered to prepare, submit and implement a plan that identified:

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B) "A monitoring system must be developed to ensure that a documented record is kept in the home that includes:

(b) the date the complaint was received;

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Record review of the home’s complaints log revealed no documentation regarding the complaint from the family of and resident # 100 regarding another resident’s behaviour.

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v) Record review of progress notes for resident # 104 and critical incident 3047-000030-15 revealed this resident voiced a complaint about a staff member.

Record review of the home's complaints binder and log revealed no documentation of an investigation of the complaint, actions taken or follow up regarding the concern voiced by resident # 104.

Staff interview with the Administrator and the Acting Director of Care on December 9, confirmed that the home did not document the concern from resident # 104, the investigation or actions taken on a Client Services Response form and did not log the complaint in the complaints log for quarterly review and analysis.

vi) Phone interview with a family member of resident # 106 revealed they reported a complaint to the registered staff regarding care and they left a phone message for the administrator. The family member reported that they never heard from the home regarding this complaint.

Record review of the home's reporting and complaints log revealed no documentation regarding this complaint, including the complaint, investigation or actions taken.

The Administrator confirmed that this complaint was not documented as per the home's policy, there was no investigation, no actions taken, there was no follow up with the complainant and the complaint was not logged.

The home was not compliant with the order to implement a monitoring system for verbal and written complaints. (563)



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

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

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

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

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jan 31, 2016



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**Ministère de la Santé et
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Homes Act, 2007*, S.O. 2007, c.8

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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 or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing 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:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and 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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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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section 154 of the *Long-Term Care
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de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 4th day of January, 2016

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** Melanie Northey

**Service Area Office /
Bureau régional de services :** London Service Area Office