



**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**

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

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b>     | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|------------------------------------------------|-----------------------------------------------|------------------------------------|----------------------------------------------------|
| Nov 23, 2016                                   | 2016_277538_0029                              | 031425-16, 031457-16,<br>031916-16 | 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**

Earls Court Village  
1390 Highbury Avenue North LONDON ON 000 000

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

NANCY JOHNSON (538)

**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): November 10, 2016.**

**The following Complaints and Critical Incident inspections were conducted concurrently during this inspection.**

**Log # 031457-16 / IL 47711-LO / IL 47816-LO related to infection prevention and control, nutrition and hydration, prevention of abuse and neglect**

**Log # 031916-16 / CI M 3047-000084-16 related to duty to protect**

**Log # 031425-16 related to plan of care**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, the Director of Dietary, one Registered Dietitian, one Registered Practical Nurse, one Personal Support Worker, and one Family Physician.**

**The Inspector also observed care and activities provided to residents, resident/staff interactions, infection prevention and control practices, and reviewed relevant policies and procedures of the home.**

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

**Hospitalization and Change in Condition**

**Infection Prevention and Control**

**During the course of this inspection, Non-Compliances were not issued.**

**0 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

| Legend                                                                                                                                                                                                                                                                  | Legendé                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order                                                                                                                     | WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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.                                                                                                                                                                                        |

Issued on this 23rd day of November, 2016

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

**Original report signed by the inspector.**