Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

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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
Sep 7, 2021	2021_563670_0023	010697-21	Follow up

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

Earls Court Village
1390 Highbury Avenue North London ON N5Y 0B6

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

DEBRA CHURCHER (670)

Inspection Summary/Résumé de l'inspection

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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): September 2 and 3, 2021.

The purpose of this inspection was to inspect Log# 010697-21 Follow Up to Order #001 related to staff to resident abuse.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Environmental Services Manager, two Housekeepers, seven Personal Support Workers, one Developmental Service Worker Screener, two Registered Nurses, two Registered Practical Nurses, one Registered Practical Nurse Resident Assessment Instrument Coordinator and residents.

During the course of this inspection the Inspector observed the overall cleanliness and maintenance of the home, observed staff to resident interactions, observed the provision of care, observed infection prevention and control practices, reviewed relevant clinical records and reviewed relevant internal records.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Safe and Secure Home

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

- **1 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2021_777731_0014	670

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

A) Observations of three floors in the home during a meal, showed that residents were being brought to the dining room with no hand hygiene provided.

During an interview with Personal Support Worker (PSW) #110 they stated that hand hygiene had not been provided to residents prior to the meal and should have been.

B) Observed PSW #109 obtain personal protective equipment (PPE) from a cart outside of resident #006's room. PSW #109 donned full PPE and entered the room. No signage was present to denote the required precautions.

PSW #109 stated that resident #006 was in isolation however they were not sure why the resident was in isolation.

Registered Practical Nurse Resident Assessment Instrument Coordinator (RPNRAI) #117 stated that resident #006 was isolated for a specific reason and that the expectation would be that any resident being isolated should have signage on their door to alert staff to the specific precautions in place.

The staff's failure to consistently provide hand hygiene to residents and failure to ensure appropriate signage was in place for isolation precautions placed residents at risk for infection.

Sources: Observations of a meal service, observation of resident #006's room and interviews with PSW #109, #110 and RPNRAI #117. [s. 229. (4)]

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 7th day of September, 2021

[redacted]

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

Original report signed by the inspector.