

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London Service Area Office
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775
londonsao.moh@ontario.ca

Amended Public Report	
Report Issue Date: November 15, 2022	
Inspection Number: 2022-1475-0002	
Inspection Type: Complaint Follow up Critical Incident System	
Licensee: Sharon Farms & Enterprises Limited	
Long Term Care Home and City: Earls Court Village, London	
Lead Inspector Cheryl McFadden (745)	Inspector Digital Signature 
Additional Inspector(s) Christie Birch (740898) Ina Reynolds (524)	

Amended Inspection Report Summary

This Public Inspection report has been revised to reflect the correct inspection number from previous compliance orders in the Inspection Summary and Previously Issued Compliance Order(s) inspection from inspection #2022_1475_0001. The Follow-Up, inspection #2022_1475_0002 was completed on October 20, 2022.

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INSPECTION SUMMARY

The Inspection occurred on the following date(s):
October 12, 13, 14, 17, 18, 19 and 20, 2022.

The following intake(s) were inspected:

Intake: #00001569-Compliance Order, #001, issued in inspection #2022_1475_0001, related to policies and records.

Intake: #00001642-Compliance Order, #002, issued in inspection #2022_1475_0001, related to safe and secure home.

Intake: #00001455-Compliance Order, #003, issued in inspection #2022_1475_0001, related to safe and secure home.

Intake: #00001456-Compliance Order, #004, issued in inspection #2022_1475_0001, related to Infection prevention and control program.

Intake: #00001590- [CI: 3047-000017-22], related to fall's prevention.

Intake: #00002529- [CI: 3047-000007-22], related to abuse and neglect.

Intake: #00003724- [CI: 3047-000003-22], related to improper care

Intake: #00004945- related to air temperatures and cooling requirements.

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Intake: #00007666- [CI: 3047-000029-22], related to fall's prevention.
Intake: #00008561- [CI: 3047-000031-22], related to fall's prevention.
Intake: #00011728- [CI: 3047-000035-22], related to improper care.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
O.Reg. 246/22	s. 11 (1) (a)	2022-1475-0001	#001	Ina Reynolds (524)
O.Reg. 246/22	s. 12 (1) 1. iii.	2022-1475-0001	#002	Ina Reynolds (524)
O.Reg. 246/22	s. 19	2022-1475-0001	#003	Ina Reynolds (524)
O.Reg. 246/22	s. 102 (2)	2022-1475-0001	#004	Christie Birch (740898)

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

- Prevention of Abuse and Neglect
- Safe and Secure Home
- Infection Prevention and Control
- Falls Prevention and Management
- Resident Care and Support Services

INSPECTION RESULTS

Non-Compliance Remedied

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

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

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A resident had a witnessed fall, resulting in injury and transfer to hospital. Progress notes, observation and interview with Personal Support Worker (PSW), noted a bed alarm in place for the resident's bed system as a fall intervention. Review of the resident's, plan of care and Kardex on PointClickCare (PCC) showed there was no reference to the use of a bed alarm.

Executive Director (ED) acknowledged the plan of care was not revised to include the bed alarm and the care plan was updated. There was low risk to the resident at the time of the observation.

Sources: Resident clinical records; and interviews with ED and PSW, [524].

Date Remedy Implemented: October 17, 2022

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

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

A resident had a witnessed fall, resulting in injury and transfer to hospital. Observation and interview with Personal Support Worker (PSW), noted a bed alarm in place for the resident bed system. In addition, a PSW stated that the resident used hip protectors. Review of the resident's, plan of care and Kardex on PointClickCare (PCC) showed there was no reference to the use of a bed alarm or hip protectors.

Manager of Clinical Programs acknowledged the plan of care was not revised to include the bed alarm and hip protectors as fall interventions and updated the care plan. There was low risk to the resident at the time of the observation.

Sources: Resident clinical records; and interviews with Manager of Clinical Programs and PSW. [524].

Date Remedy Implemented: October 17, 2022

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WRITTEN NOTIFICATION: Air Temperature

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 24 (2)

The licensee has failed to ensure that the temperature was measured and documented in writing, at a minimum in the following areas of the home: 2 resident rooms in different parts of the home, one resident common area on every floor of the home, which may include lounge, dining area or corridor and every designated cooling area, if there are any in the home.

The Air Temperature & Cooling Policy NAM-1-28, last revised July 29, 2022, documented, “Air temperatures will be measured and documented, at a minimum in the following areas of the Home (year round): 2 resident rooms in different parts of the home, one resident common area on every floor of the home, which may include lounge, dining area or corridor and every designated cooling area, if there are any in the home”.

“Temperatures of areas will be documented at least (year round): once every morning, once between 12pm and 5pm and once every evening or night”.

Record Review of the Building Temperature, Relative Humidity and Humidity Reading Tracking Log identified:

July 4, 9, 14, August 1, 4, 6, 8, 9 and 25 had missing temperature documentation for second floor.

July 2, 4, 11, 25, August 27 and 28 had missing temperature documentation for third floor.

July 3, 5, 8, 18, 21, 22, 29, 30 and August 3, 7, 20, 21, 23, 24, 26, 27, 28, 29, 31 had missing temperature documentation for fourth floor.

A Registered Practical Nurse, RPN stated the staff are responsible each shift to take the temperatures and document in a binder on each unit.

The Director of Facility Services, confirmed all required temperatures were not taken and recorded for the months of July and August and they should have been. Executive Director, said they were aware all required daily temperatures for July and August were not taken and documented as required.

Temperatures were not measured and documented in writing in at least two resident bedrooms and the lounge areas on every floor of the home. The home would not have known when to implement their heat related illness prevention and management plan putting residents at risk. [745]

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Sources: Air Temperature & Cooling Policy, NAM-1-28, Building Temperature, Relative Humidity and Humidity Reading Tracking Log and staff interviews.

WRITTEN NOTIFICATION: Bill of Rights

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

Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 3 (1) 4.

The licensee has failed to ensure that a resident's right to be properly cared for in a manner consistent with their needs was fully respected and promoted.

Registered staff received abnormal lab results for a resident, which they then faxed to the physician. However, the physician did not get the results until the following day, and once the results were reviewed, the physician called and ordered the resident be immediately sent to the hospital.

A record review and interviews with the Director of Care (DOC), and Registered Nurse (RN), confirmed the physician was not called by registered staff regarding the abnormal lab results and should have been.

There was an increased risk for the resident related to the delay in hospital transfer and subsequent medical care.

Sources: CIS #3047-000003-22, Staff interviews. [740898]