

**Ministry of Long-Term Care**

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

**Ottawa District**

347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

**Original Public Report**

<b>Report Issue Date:</b> April 22, 2024	
<b>Inspection Number:</b> 2024-1011-0002	
<b>Inspection Type:</b> Complaint	
<b>Licensee:</b> 2629693 Ontario Inc.	
<b>Long Term Care Home and City:</b> Sarsfield Colonial Home, Sarsfield	
<b>Lead Inspector</b> Kelly Boisclair-Buffam (000724)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> N/A	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): March 25, 26, 27, 2024 and April 2, 3, 2024

The following complaint intake(s) were inspected:

- Intake: #00109491 related to resident care
- Intake: #00111239 related to medication management

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

- Resident Care and Support Services
- Medication Management

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Infection Prevention and Control  
Safe and Secure Home

## INSPECTION RESULTS

### 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 (3)**

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that all air temperatures were documented as per s. 24 (3).

#### Rationale and Summary

A review of the home's air temperature logs for a specific month, showed no air temperatures recorded for a specific time period.

The Environmental/Housekeeping Lead, the temporary Environmental manager and the Assistant Administrator all acknowledged that they were not aware of the required air temperature schedule.

As such, failing to document the required air temperature verification in the home three times per day, potentially increased the risk of cold or heat related illness to residents.

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**Sources:** Air temperature logs for one month, Inspector observations, staff interviews. [000724]

## WRITTEN NOTIFICATION: Plan of Care

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

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of care set out in a resident's plan of care was documented.

### Rationale and Summary

A review of a resident's plan of care and Kardex, indicated all care to be provided. A further review of the electronic chart showed multiple missed documentation entries in the care flow sheets.

During interviews, the Director of Care (DOC) and Personal Support Workers (PSW) stated that the expectation was to document the care provided in the resident's electronic chart every day and every shift. The DOC and PSWs acknowledged that many PSWs did not document. The DOC acknowledged all missing entries should have been documented.

By failing to ensure that the provision of the care set out in the plan of care was documented every shift, may have potentially increased the risk that specific care was not provided.(000724)

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**Sources:** Resident care flow sheets, plan of care and Kardex, interviews with DOC and staff.

## WRITTEN NOTIFICATION: Emergency Drug Supply

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 132 (b)**

Emergency drug supply

s. 132. Every licensee of a long-term care home who maintains an emergency drug supply for the home shall ensure,

(b) that a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply;

The licensee has failed to ensure a written policy is in place to address the location of the emergency drug supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply.

### Rationale and Summary

A review of the home's process for their Emergency Drug Supply and Control Sheets was conducted. Upon review of the Control Sheets, there were multiple missed entries for the dates medications were replaced, the amount of the specific medications replaced, and, signatures of medication receipt.

A further review of the licensee's Medical and Nursing Medication orders and Prescribed drugs policy, had not contained a policy or procedure under the section Emergency Pharmacy Services, to manage, dispense and receipt signatures of

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emergency drug usage.

The Director of Care (DOC) and a Registered Nurse, confirmed and acknowledged the multiple missed entries on their Emergency Box Control Sheets and stated the expectation was for nurses to fully complete the Control Sheets. The DOC had also confirmed and acknowledged the licensee was working on a written policy and procedure for the control sheets and that at present there was none.

Failing to ensure a written policy and procedure was created for the licensee's Emergency Box Control usage, may have increased the risk of missing medications for emergency usage.

**Sources:** Emergency Box Control Sheets ; Interview with DOC and RN, Medical and Nursing Medication orders, Prescribed drugs policy (revised December 13, 2023). [000724]



**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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