

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: July 31, 2025

Original Report Issue Date: June 24, 2025

Inspection Number: 2025-1011-0003 (A1)

Inspection Type:

Critical Incident

Licensee: 2629693 Ontario Inc.

Long Term Care Home and City: Sarsfield Colonial Home, Sarsfield

AMENDED INSPECTION SUMMARY

This report has been amended to:

WN#003 was amended to correct the legislative reference. The NC should have been issued under O. Reg 246/22 s. 250 (1) 4 and not s. 250 (1) 3. The NC was issued for the number of beds occupied and not licensed for as the Director Of Care did not meet the required hours.

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 18, 19, 20, 23, 2025.

The following intake(s) were inspected:

- Intake: #00146161- CI# 0943-000001-25 - A critical incident related to a fall with injury.

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

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Staffing, Training and Care Standards
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Compliance with Manufacturers Instructions

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

Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The licensee has failed to follow manufacturer's instruction for a resident's personal equipment. A staff member was made aware that the resident's personal equipment was defective and did not remove the personal equipment from resident's use as per manufacturer's instructions. The resident continued to use the defective personal equipment for three days. The resident fell and sustained an injury and was transferred to the hospital.

Sources: Review of personal equipment manufacturer's instruction, resident electronic health records, Critical Incident Report, and interview with staff members.

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WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (15) 1.

Infection prevention and control program

s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

The licensee has failed to ensure an Infection Prevention and Control Program (IPAC) Lead worked in the home regularly in that position on site for at least 17.5 hours weekly for three consecutive weeks in June 2025.

Sources: Review of home staffing schedules, emails and documentation, interview with staff members.

(A1)

The following non-compliance(s) has been amended: NC #003

WRITTEN NOTIFICATION: Director of Nursing and Personal Care

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

Non-compliance with: O. Reg. 246/22, s. 250 (1) 4.

Director of Nursing and Personal Care

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s. 250 (1) Every licensee of a long-term care home shall ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:

4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week.

The licensee has failed to ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for at least 24 hours a week. The licensee had appointed a Registered Nurse to complete the Director of Nursing and Personal Care tasks and responsibilities in the home and did not complete the required hours.

Sources: Review of home staffing schedules, emails and documentation, interview with a staff member.