

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

Public Report

Report Issue Date: August 7, 2025

Inspection Number: 2025-1011-0004

Inspection Type:
Complaint

Licensee: 2629693 Ontario Inc.

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 28, 29, 30, 31, 2025 and August 5, 6, 7, 2025

The following intake(s) were inspected:

- Intake: #00152316 complaint related to nursing, medication and resident care and services.
- Intake: #00152751 - complaint related to loss of essential services (water)

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

Contenance Care
Medication Management
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Integration of assessments, care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee has failed to ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other and in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

A resident who was unstable and exhibited symptoms required monitoring and implementation of specific interventions. The resident was seen by the physician and was prescribed a medication that could have an impact on their condition. The medication was available in the Emergency Drug Box but was not started until two days later. There was no communication between the nursing staff and the pharmacy related to the resident condition.

The Nurse Practitioner (NP) assessed the resident and requested monitoring of specific symptoms and interventions on every shift. No documentation was found about the monitoring of the symptoms and the implementation of the interventions and the results of these assessments. The Physician was not notified of the continued

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deterioration of the resident until they found out that the resident was sent to the hospital.

Sources: The resident health care record and interviews with a Registered Nurse (RN) and a physician.

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 that the home's Infection Prevention And Control (IPAC) Lead works in that position on site 17.5 hours per week:

The Director of Care (DOC)/ IPAC lead was hired at the beginning of July 2025. The DOC/IPAC Lead time sheets were reviewed for the period of July 5-25, 2025 and it was noted that the DOC did not work 17.5 hours the week of July 5 and the week of July 12, 2025.

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Sources: Assistant Administrator (AA)/Food Service Manager (FSM) and time sheets.

WRITTEN NOTIFICATION: Reports re critical incidents

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

Non-compliance with: O. Reg. 246/22, s. 115 (3) 2. iii.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,

iii. a loss of essential services, or

The licensee has failed to ensure to informed the Director, no later than one business day after the loss of essential services.

On July 14, 2025, there was no running water in the home for three days and the emergency plan was implemented. The Assistant Administrator(AD)/ Food Service Manager (FSM) indicated that they were not aware that this incident needed to be reported.

Sources: CIR reporting system and interview with the AD/FSM.

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WRITTEN NOTIFICATION: Emergency drug supply

NC #004 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 that the written policy for the emergency drug supply in place addressed the utilization of the drugs in the supply.

The home's policy "Emergency Medical Box Procedure, 1.5, last reviewed October 25, 2023 does not include when the nursing staff should be utilizing the medication in the box.

Sources: Emergency Medical Box procedure, a resident health care record and interviews with registered nursing staff.

WRITTEN NOTIFICATION: Director of Nursing and Personal Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Director of Nursing and Personal Care

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 at least 24 hours per week.

A Director of Care (DOC) was hired at the beginning of July 2025. The DOC time sheets were reviewed for the period of July 5-25, 2025 and it was noted that the DOC did not work 24 hours a week.

Sources: Assistant Administrator (AA)/Food Service Manager (FSM) and time sheets.

COMPLIANCE ORDER CO #001 Safe storage of drugs

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(ii) that is secure and locked,

The inspector is ordering the licensee to comply with a Compliance Order

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[FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- A) Ensure the medication room on the second floor is secure and locked
- B) Ensure the medication cart on the second floor is secure and locked and is either repaired or replaced
- C) Complete daily audits on every shift for eight weeks to ensure the medication room is locked and that the medication cart on the second floor is secure and locked.
- D) During the completing of these audits, if any discrepancies are observed, immediate remedial action will be taken and documented.
- E) A written record will be kept for everything required under (C) and (D)

Grounds

The licensee has failed to ensure that drugs are stored in an area or a medication cart that is secure and locked.

On a specific day in 2025, the medication room on the second floor was left unlocked and in that room there was a medication cart that was unlocked and broken since February 2025.

Discussion with two Registered Nurses (RNs) who indicated that the medication room shall be locked at all time. They indicated that the reason the medication cart was left unlocked was because it was broken.

After the review of documentation, it was noted that the medication cart has been broken since February 2025.

Interview with with Administrator/Pharmacist who indicated that it was an old medication cart.

Sources: observation, documentation and interviews with two RNs and with the

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Administrator/Pharmacist.

This order must be complied with by October 6, 2025

COMPLIANCE ORDER CO #002 Administration of drugs

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- A) Develop a system to ensure that medication orders are processed correctly and the drugs are administered in accordance with directions and use as specified by the prescriber.
- B) Educate all registered nursing staff on the system on how to process medication orders correctly.
- C) Audits will be conducted on two residents on each floor who have received new order(s) by reviewing the documentation and administration on the Medication Administration record for a period of eight weeks.
- D) Document any discrepancies and action taken to resolved the issue.
- E) A written record will be kept of everything required under sections (A), (B), (C), and (D).

Grounds

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The licensee has failed to ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

On a specific day in 2025, a resident was exhibiting several symptoms. The Physician assessed the resident and ordered a specific medication.

The resident was not administered the medication as per the physician orders.

Sources: A resident Medication Administration Record, Interviews with the Director of Care (DOC) and Pharmacist/Administrator.

This order must be complied with by October 6, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.