Ontario

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

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: January 15, 2026
Inspection Number: 2026-1011-0001
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): January 7-9, 12-14, 2026.

The following intake was inspected:

- Intake: #00162876 a complaint regarding medication management.

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

Medication Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Monitored dosage system

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 134 (2)
Monitored dosage system

s. 134 (2) The monitored dosage system must promote the ease and accuracy of the administration of drugs to residents and support monitoring and drug verification activities.

The monitored dosage system did not promote the ease and accuracy of the administration of drugs to a number of residents to support the monitoring and drug verification activities as required.

A medication administration observation with a Registered Nurse (RN) during this inspection, and noted the name of two medications for a resident were not labelled on their medication package. A medication observation with another RN that day, and noted the name of eight medications for another resident were not labelled on a medication package. In an interview with a Registered Practical Nurse (RPN) a few days later, they demonstrated that the medication packages for two other residents medications for administration were not clear, as those residents who receive several medications from one package, cannot have the name of the medication printed due to spacing on the label. In an interview with the Administrator, they indicated the size of label is too small for anything more than six medications at one time.

Sources: Observations of medication packages; interviews with an RPN, two RN's, and the Administrator.

COMPLIANCE ORDER CO #001 Medication management system

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)
Medication management system
s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

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

1) Review and revise the policies related to reconciliation procedures to amalgamate the policies into one, that will provide clear and concise direction for registered nursing staff anytime reconciliation of medications are required.

2) Provide training to all Registered Nursing staff (RPNs and RNs) on the Licensee's reconciliation policies and procedures revised in #1. The home is required to maintain a written record of the training material provided, including the date the training was received and the name of the person providing this education.

3) Conduct once weekly audits, after the resident blister packs from the pharmacy have been reconciled, or when a resident medication orders are changed that require reconciliation, to ensure registered nursing staff completed the required procedures from the policies listed in #1 and take remedial action if procedures are not implemented.

4) Maintain a written record of the documentation required from #1, #2 and #3, including any corrective actions taken and the outcome of these corrective actions.

Grounds

The licensee's specified written policies and protocols for medication management regarding reconciliation processes were not implemented.

A resident had a new medication prescription for two medications on a specified date. The pharmacy was closed on that date. The resident did not receive these medications until three days later.

A specified medication policy and procedure indicated when residents are prescribed a new medication when the home's pharmacy is closed, the registered nursing staff are required to call the pharmacist on call to obtain these medications same date. This procedure was not implemented on the prescription date, as no call was placed to any pharmacist on call when this resident was prescribed a new medication that was required that day.

This same policy and procedure indicated when a new medication order is received for a resident after pharmacy services hours, that emergency box can be used with this stock medication available. This resident's orders had a prescription for a specific medication to be administered to the resident over the next two days. This specific medication was part of the emergency box medications in storage. The registered nursing staff did not implement this procedure as they did not add this medication order to any electronic medication administration record (eMar) or administer this medication to this resident from the emergency box on those specified dates as prescribed.

A specified Medication Reconciliation policy indicated resident's reconciled medical orders should be faxed to the pharmacy after the physician reviews and approves these orders. The policy was not implemented in that this resident's reconciled medical orders approved by the physician, were not faxed to the pharmacy until two days later and this resident missed these medication doses as prescribed.

A specified medication policy and procedure indicated when a discrepancy is

noticed during medication reconciliation, registered nursing staff are required to complete a medication incident report, email the home's pharmacy and request remedial action and inform the Director Of Care. These procedures were not implemented for the following residents:

1) A resident's medication administration was observed on a specified date, and noted that one of their prescribed medications was labelled to be administered for a specific time on the medication package, however the electronic medication administration record for this resident had this medication due at a later time in the day. A Registered Nurse (RN) noted this specific medication tablet was inside a later time medication package, but not labelled to contain this medication. This RN indicated the medication package labels and medication tablet location need to be the same as the resident's electronic medication administration record orders. This discrepancy was not identified when reconciling medications delivered from the pharmacy.

2) A second resident's medication was observed in their electronic medication administration record orders for a specified time, however this medication tablet was located in a later time medication package. A Registered Practical Nurse (RPN) indicated registered nursing staff were daily opening packages for two different sealed medication packages to move medication from one package to another manually. This discrepancy was not identified when reconciling medications delivered from the pharmacy.

3) A third resident's medication was prescribed for a specified time of day, that was observed to not be labelled on the medication package, however the medication tablet was dispensed inside this package. An RPN indicated this discrepancy should have been identified when reconciling medications delivered from the pharmacy. A nurse wrote the name of this medication on the top of the medication package label

for the correct time package, however they said this is not according to their Re-Labelling medication policy.

The home's policy Re-Labeling of Medication indicated all medications are clearly labeled and a drug label may only be altered by a pharmacist. The policy was not implemented in that registered nursing staff were manually clarifying medication packages during reconciliation or medication administration procedures when these packages did not match the resident's electronic medication administration record.

Sources: Four resident's health care records were reviewed; observations of a medication pass, observation of the medication blister packages in the nursing office; interviews with an RN, an RPN and the Director of Care; review of specified policies and procedures.

This order must be complied with by February 26, 2026

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an

order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:
Previous CO identified to same section in 2023-1011-0003 issued May 11, 2023.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.
Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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

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:

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.