

Public Report

Report Issue Date: October 2, 2025

Inspection Number: 2025-1165-0005

Inspection Type:
Complaint

Licensee: Vision '74 Inc.

Long Term Care Home and City: Vision Nursing Home, Sarnia

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: September 22 to 25, 2025 and October 1 and 2, 2025

The inspection occurred offsite on the following date: September 26, 2025

The following intake was inspected:

- Intake #00157437 Anonymous complaint related to allegations of abuse and neglect of multiple residents

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

Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Prevention of Abuse and Neglect
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that a resident received the required level of assistance while eating in the dining room on two occasions in over a period of time in 2025.

A resident had been assessed as requiring a level of assistance for eating and had also been assessed as having other related problems. On two occasions, the resident was observed consuming food unsupervised. Staff recounted that they had left the resident unattended. Staff verified in an interview that residents requiring certain levels of assistance should not be alone in the dining room.

Sources: Resident's electronic health record; observations of resident; interviews with staff

WRITTEN NOTIFICATION: Pain Management Program

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee has failed to comply with the long term care home's (LTCH) pain management program for a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the pain management program were complied with. Specifically, the LTCH's Pain Management Program policy (revised May 2024) indicated that registered staff were to begin pain management immediately when pain was present, complete a further pain assessment when pain was reported to be persistent or unresolved, and complete an evaluation through the electronic medication administration record when changes were made.

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Staff failed to begin pain management immediately for a resident by not administering a medication, when pain was present over a period of time in 2025 and the resident was assessed using a numeric pain scale documentation indicating that the resident was having pain. A further pain assessment was also not completed for a resident when pain was persistent/unresolved. Also, registered staff did not complete an evaluation through the resident's electronic medication administration record when the physician made changes to the resident's medication on two occasions over a period of time in 2025.

Sources: Resident's electronic medical record, the home's policy titled "Pain Management Program" (revised May 2024); interview with staff

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that areas of altered skin integrity on a resident were assessed using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. The home's policy titled "Wounds, Assessment" (Revised 4/25) stated that an initial assessment was to be completed on the Skin and Wound app. No assessment was documented for the areas of altered skin integrity on a resident using the Skin and Wound app.

Sources: Resident's electronic medical record, the home's policy titled "Wounds, Assessment"; interview with staff

WRITTEN NOTIFICATION: Skin and wound care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

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Skin and wound care

- s. 55 (2) Every licensee of a long-term care home shall ensure that,
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
 - (iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that an area of altered skin integrity on a resident was reassessed at least weekly when no reassessment of the area of altered skin integrity was documented over a period of time in 2025.

Sources: Resident's electronic medical record, the home's policy titled "Wounds, Assessment" (Revised 4/25); interview with staff



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

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