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

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

Public Report

Report Issue Date: February 27, 2026
Inspection Number: 2026-1165-0002
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: February 5, 6, 11, 12, 17-19, 23-25 and 27, 2026
The inspection occurred offsite on the following dates: February 13, 18, 19, and 20, 2026

The following intakes were inspected:
-Intake: #00169584 and #00167914 - anonymous complaint related to responsive behaviour

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

Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints

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 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

A resident's electronic medical record indicated they had responsive behaviours. The resident's Resident Assessment Instrument-Minimum Data Set assessment also indicated the behaviours were present and would be addressed in the care plan to minimize risk, however, the resident's written plan of care did not provide clear direction to staff caring for the resident related to the behaviours until a later date. A staff member acknowledged in an interview that the resident's written plan of care did not provide clear direction to staff caring for the resident related to socially inappropriate behaviours.

Source: record review of a resident's electronic medical records; interview with staff #103

WRITTEN NOTIFICATION: Duty to protect

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

On a date in 2025, staff #108 completed a resident's Resident Assessment Protocol, documenting staff observations of the resident's behaviours. Progress notes on a date in 2025, documented an incident between the resident and another resident after which the impacted resident displayed distress and on a second date in 2025, between the resident and another resident, after which the impacted resident displayed distress. On a third date in 2025, staff #102 documented an incident after which a resident expressed negative feelings about the resident and another incident after which the same resident expressed negative feelings about the resident. Documentation did not reflect any follow-up action following any of the above noted events.

Sources: record review of electronic medical records for four residents; interview with staff #101, #102, #104 and #105

WRITTEN NOTIFICATION: Responsive Behaviours

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (a)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(a) the behavioural triggers for the resident are identified, where possible;

The home became aware of a resident's responsive behaviours on a date in 2025. The resident was not evaluated by Behaviour Supports Ontario, related to these behaviours, until a later date in 2025. A review of the resident's electronic medical records did not demonstrate that triggers to the behaviours had been identified.

Source: record review of a resident's electronic medical records; interview with staff #103

WRITTEN NOTIFICATION: Responsive Behaviours

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The home became aware of a resident's responsive behaviours on a date in 2025. A review of the resident's electronic medical records did not demonstrate that the home developed strategies to respond to the resident's responsive behaviours. Staff #103 acknowledged in an interview that over a period of time in 2025, the home did not develop a written strategy, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours of the resident.

Source: record review of a resident's electronic medical records; interview with staff #103

COMPLIANCE ORDER CO #001 Policy to promote zero tolerance

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
1. The Director of Care (DOC) or a designated manager will provide in-person training to all registered staff, personal support workers and recreation staff on a specified home area on the Licensee's zero tolerance of abuse and neglect of a resident policy(ies) including, but not limited to recognizing situations to which the policy(ies) applies, when to implement the policy(ies), as well as the legislative requirements pertaining to reporting and investigating allegations and/or suspicions of resident abuse.
2. Keep a documented record of the education provided that includes the names and signatures of the staff who were educated, the date(s) of the education, who provided the education, and the content of the education. Provide the education records to the Inspector immediately upon request.
3. The DOC or a designated manager will conduct 4 audits per week of all resident progress notes on a specified home area to ensure compliance with the home's zero tolerance of abuse and neglect policy, until this order is complied by an inspector.
4. Keep a documented record of the completed audits which includes the name of the person who completed the audit, the dates and times the audits occurred, and also notes any progress note entries in which the definition of abuse was met, but was not reported, and the corrective actions taken. Provide the audit records to the inspector immediately upon request.

Grounds

Over a period of time in 2025 to 2026, documentation reflected that there were multiple incidents in which a resident engaged in responsive behaviours towards four co-residents. Staff #104 verified the incidents they documented were non-consensual and were not reported. Staff #105 verified the incidents they documented were non-consensual and they were unable to recount with certainty that they had reported the

incidents. Documentation did not reflect any further action was taken.

When staff did not follow the home's policies "Abuse of a Resident" and "Duty to Report", four residents were placed at risk related to harm or risk of harm from the responsive behaviours of a resident. Additionally, when staff did not report the incidents, the home was unable to proceed with reporting to the Director, fully investigating the incidents and reporting to the Power of Attorney(s) of the affected residents.

Sources: Review of electronic medical records of residents, the home's policies "Abuse of a Resident" and "Duty to Report"; interviews with staff #101, #102, #103 #104, #105 and #106

This order must be complied with by April 10, 2026

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
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:

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.