

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)

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| Amended Report Issue Date: July 11, 2023 | |
| Original Report Issue Date: June 22, 2023 | |
| Inspection Number: 2023-1011-0004 (A1) | |
| Inspection Type: Follow up | |
| Licensee: 2629693 Ontario Inc. | |
| Long Term Care Home and City: Sarsfield Colonial Home, Sarsfield | |
| Amended By Linda Harkins (126) | Inspector who Amended Digital Signature |

AMENDED INSPECTION SUMMARY

This report has been amended to:
This Licensee Inspection Report has been revised to reflect the written notification correct title for Non-Compliance #001 from Condition of Licensee to Condition of Licence issued under inspection #2023-1011-0004, dated June 22, 2023.

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Amended Public Report (A1)

Amended Report Issue Date: July 11, 2023

Original Report Issue Date: June 22, 2023

Inspection Number: 2023-1011-0004 (A1)

Inspection Type:

Follow up

Licensee: 2629693 Ontario Inc.

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

Lead Inspector

Linda Harkins (126)

Additional Inspector(s)

Amended By

Linda Harkins (126)

Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to:

This Licensee Inspection Report has been revised to reflect the written notification correct title for Non-Compliance #001 from Condition of Licensee to Condition of Licence issued under inspection #2023-1011-0004, dated June 22, 2023.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 13, 14, 16, 20, 2023

The inspection occurred offsite on the following date(s): June 14, 15, 19, 2023

The following intake(s) were inspected:

- Intake: #00019079 -Follow-up #1 - O. Reg. 246/22 - s. 12 (1) related to doors in the home, compliance due date June 5, 2023.

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- Intake: #00087097 -Follow-up #1 - O. Reg. 246/22 - s. 249 (3) related to the Administrator qualifications, compliance due date June 5, 2023

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2023-1011-0002 related to O. Reg. 246/22, s. 249 (3) inspected by Linda Harkins (126)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #002 from Inspection #2022-1011-0001 related to O. Reg. 246/22, s. 12 (1) inspected by Linda Harkins (126)

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

Safe and Secure Home
Infection Prevention and Control
Staffing, Training and Care Standards

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Conditions of licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

The licensee has failed to comply with Compliance Order (CO) #002 from Inspection #2022-1011-0001 served on January 5, 2022, with a compliance due date of June 5, 2023.

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Rationale and Summary

A Compliance Plan was submitted on February 7, 2023, and was reviewed and accepted on February 8, 2023, by Inspector #211 and Inspection Manager #117. The licensee did not implement all the requirements of the plan such as documenting the consultations with the local fire department and other external authorities, the actions taken to prevent resident access, as identified in the plan, were not documented, reviewed, and revised if these were not effective, once per week.

The two doors in the basement providing access to the stairwells to the residents, were not kept closed, locked, equipped with a door access control system that is kept on at all times, equipped with an audible door alarm that allows calls to be cancelled only at the point of activation, connected to the resident-staff communication and response system, or connected to an audio-visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

As of June 20, 2023, the two doors did not meet legislative requirements as per Compliance Order #002.

Sources: Compliance Plan, emails documentation, observations and interviews with the Administrator and the Consultant of Operations[126]

An Administrative Monetary Penalty (AMP) is being issued on this written notification 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 Written Notification NC #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 an order under s. 155 of the Act.

Compliance History:

This is the first time the licensee has failed to comply with this requirement.

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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.

WRITTEN NOTIFICATION: Construction, renovation, etc., of homes**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 356 (3) 1.

The licensee has failed to receive the approval of the Director before commencing the alterations of the doors.

On June 16, 2023, it was observed that work was started on the doors to meet legislative requirement as per Compliance Order #002.

Sources: Interviews, observations and emails[126]

WRITTEN NOTIFICATION: Construction, renovation, etc., of homes**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 356 (4)

The licensee has failed to submit a plan or specifications relating to the work to be done on the doors and to submit a work plan describing how the work that will be carried out, including how residents will be affected and what steps will be taken to address any adverse effects on residents.

On June 16, 2023, it was observed that work was starting on the doors to meet legislative requirement of Compliance Order #002.

On June 16, 2023, interview held with the Administrator and the Consultant of Operations (COP) inquiring if a renovation plan was submitted and they did not provide an answer.

On June 19, 2023, an email was sent to the Administrator and the COP, inquiring if a renovation/alteration plan was submitted to the Director. On that evening, the COP submitted the



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renovation plan to the Director.

Sources: Interviews, observations and emails [126]



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