

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

## Original Public Report

**Report Issue Date:** July 7, 2023

**Inspection Number:** 2023-1011-0005

**Inspection Type:**

Complaint  
Critical Incident System

**Licensee:** 2629693 Ontario Inc.

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

**Lead Inspector**

Julienne NgoNloga (502)

**Inspector Digital Signature**

Julienne Ngo  
Nloga

Digitally signed by Julienne Ngo Nloga  
Date: 2023.07.18 14:28:20 -0400

**Additional Inspector(s)**

Linda Harkins (126)

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 14, 15, 19, 20, 21, 22, 2023

The following intake(s) were inspected:

Critical Incident Report System

- Intake: #00085971 - (CIS #0943-000002-23) related to allegation of abuse of a resident.
- Intake: #00088121 - (CIS #0943-000003-23) related to unplanned evacuation.

Complaint

- Intake: #00087514 - related to a resident change in condition.

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

Resident Care and Support Services  
Housekeeping, Laundry and Maintenance Services  
Infection Prevention and Control  
Safe and Secure Home

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Prevention of Abuse and Neglect  
Staffing, Training and Care Standards  
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 (10) (b)

The licensee has failed to ensure that the resident was reassessed, and the plan of care reviewed and revised at any other time when, the resident's care needs changed.

#### **Rationale and Summary**

A day in April 2023, a staff member assessed a resident and noted a specified infection. The staff administered a medication with minimal effect, then left a note for the doctor to assess.

In an interview the staff member indicated that they informed another staff member about their assessments. That second staff acknowledged not assessing the resident due to their level of care.

A management staff member indicated that the attending physician should have been contacted when specified medication was administered.

The staff did not assess the resident or contact the attending physician, which put the resident at risk for a decline in their health status.

**Sources:** Progress notes, Interview with staff members. [502]

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## **WRITTEN NOTIFICATION: Medical Director**

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

Non-compliance with: FLTCA, 2021, s. 78 (1)

The licensee has failed to ensure that the home had a Medical Director.

#### **Rationale and Summary**

In November 2022, the previous Medical Director provided the home with three months notification for their planned resignation, which the Administrator acknowledged receiving.

The Administrator had not provided documentation to demonstrate their active search to replace the Medical Director until May 2023.

The Administrator and the DOC indicated that the previous Medical Director's last day of work was at the end of April. The home signed a contract 3 weeks later with the current medical director and their first day on site was one week later.

As such, the home did not have a medical director for three weeks, as the Administrator failed to actively seek to secure a medical director when they received the resignation letter.

**Sources:** Medical Director resignation letter, home's plan to recruit Medical Director, DOC's email. Interview with the DOC and the Administrator. [502]

## **WRITTEN NOTIFICATION: Designated lead - housekeeping, laundry, maintenance**

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

Non-compliance with: O. Reg. 246/22, s. 98 (1)

The licensee has failed to ensure that there was a designated lead for housekeeping, laundry services and maintenance services program in the Home.

#### **Rationale and summary**

The Inspector interviewed a staff member who indicated that the previous environmental lead was no

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longer working in the home since May 2023.

It was observed that there was no environmental lead (housekeeping, laundry and maintenance) working in the Home during the course of this inspection.

**Sources:** Interviews, documents and observations. [126]

## **WRITTEN NOTIFICATION: Infection Prevention and Control**

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control (IPAC).

In accordance with additional requirement under the standard 9.1 (d) the licensee has failed to ensure that proper use of Personal Protective Equipment (PPE) was followed in the IPAC program, including appropriate selection, application, removal, and disposal.

#### **Rationale and Summary**

In June 2023, Inspector #502 observed three staff members within the resident care area and at the point of care wearing their surgical mask inappropriately.

All three staff members indicated that the face mask provided was size large which did not fit their face.

Management staff members indicated that education was provided to twist the ear loop to make the face mask fit appropriately.

By not wearing applying the face mask appropriately, the residents were exposed to cross-contamination.

**Sources:** Inspector's observation, Interviews with four staff member and the IPAC lead. [502]

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## WRITTEN NOTIFICATION: Reporting Certain Matters to the Director

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

Non-compliance with: O. Reg. 246/22, s. 115 (1) 1.

The licensee has failed to ensure that the Director was immediately informed, in as much detail as is possible in the circumstances, of an unplanned evacuation in the home, followed by the report required under subsection (5): an emergency within the meaning of section 268.

#### Rationale and Summary

The Critical Incident System Report and the Ottawa Fire Services reported that the residents were evacuated on May 16, 2023, due to smoke caused by a faulty elevator belt.

The DOC indicated that four residents were evacuated outside the building before they knew the cause of the smoke. Once the Fire Marshall identified the source of the smoke, the residents were transferred from their room to the lounge at the end of the hall, closing the fire doors behind them. The CIS was reported under Environmental Hazard instead of unplanned evacuation.

As such, the Director was not immediately informed of the unplanned evacuation.

**Sources:** CIS, Ottawa Fire Services Tweet. Interview with the DOC. [502]

## WRITTEN NOTIFICATION: Drug Administration

### NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

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

#### Rationale and Summary

A resident's standing order indicated that the attending physician must be called once a specified medication administration is initiated.

The resident's progress notes indicated that the resident had deteriorated, and the specified medication was started at a higher dosage than prescribed.

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A staff member indicated after they administered the specified medication with no effect, they consulted with another staff, and both staff members double the dosage of the specified medication. Both staff members and a management staff indicated that the attending physician was not contacted when the specified medication was initiated.

The attending physician confirmed that they were not contacted when the specified medication administration was initiated.

As such not following the resident's standing order may have contributed to the resident deterioration.

**Sources:** Resident Standing Order, progress notes. Interviews with staff members. [502]

**WRITTEN NOTIFICATION: Medical Director Contract****NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 251 (1) 5.

The licensee has failed to ensure that a written agreement with the Medical Director for the home provides for at least the minimum number of hours the Medical Director was required to spend on-site at the home for each month, as required by the licensee.

**Rationale and Summary**

In May 2023, the current Medical Director's informed the Administrator before accepting the position that they will be on site half days twice monthly.

The home entered into a written agreement with a Medical Director in May 2023. The contract indicated that the Medical Director would visit the Home at least twice a month to carry out their responsibilities under the Agreement.

The Administrator confirmed the statement outlined in the contract, and they were not specific about the number of hours the Medical Director was on site.

**Sources:** Medical Director contract. Interview with the Administrator. [502]

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## **COMPLIANCE ORDER CO #001 Doors in a home**

**NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.

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

The licensee shall:

- Keep the front entrance doors locked at all times
- Conduct and document weekly audits to ensure that the front doors are locked at all times.

### **Grounds**

The licensee has failed to ensure that the front doors were locked at all times.

### **Rationale and Summary**

In June 2023, it was noted by Inspector #126 that the front doors were unlocked and unsupervised.

A staff member indicated that they were not aware that the front doors were on bypass. Another staff member indicated that they had put the front doors on bypass to let the contractors in and had not notified anyone.

Inspector #126 observed the residents in the dining room in close proximity to the unlocked door.

The front doors were left unlocked and unattended posing a potential risk to residents allowing them to exit the home without staff being aware they left the home.

**Sources:** observations and interviews. [126]

**This order must be complied with by: July 20, 2023**

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

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## **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 \$5500.00, 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:**

O. Reg S. 12 (1) CO #002\_ issued January 4, 2023, as per CH \_Inspection #2023\_1011-0001, CDD June 5, 2023.

This is the first AMP that have 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.



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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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

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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, 9<sup>th</sup> Floor

Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator

Long-Term Care Inspections Branch

Ministry of Long-Term Care

438 University Avenue, 8<sup>th</sup> Floor

Toronto, ON, M7A 1N3

e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).