

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: October 25, 2023

Inspection Number: 2023-1011-0008

Inspection Type:

Complaint
Follow up

Licensee: 2629693 Ontario Inc.

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

Lead Inspector

Manon Nighbor (755)

Inspector Digital Signature

Additional Inspector(s)

Kelly Boisclair-Buffam (000724)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 4, 5, 6, 10, 11, 12, 2023.

The following intake(s) were inspected:

- Follow-up #: 1 -CO #002/2023-1011-0002, FLTCA 2021 s. 76 Administrator role and responsibilities, compliance due date (CDD) September 29, 2023.
- Follow-up #: 1 -CO #002/2023-1011-0003, O. Reg. 246/22 s. 123 (3) (a) Medication management system, CDD September 29, 2023.
- Follow-up #: 1 -CO #001/2023-1011-0003, O. Reg. 246/22 s. 102 (4) (b) Infection prevention and control (IPAC), CDD September 29, 2023.
- Follow-up #2 -CO #002/2022-1011-0001, O. Reg. 246/22 s. 12 (1) Doors in a home, CDD June 5, 2023, re-inspection fee (RIF) \$500.
- Intake: #00091717 -Complaint related to the administration, medication, and funding.

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Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2023-1011-0002 related to FLTCA, 2021, s. 76 inspected by Kelly Boisclair-Buffam (000724)

Order #001 from Inspection #2023-1011-0003 related to O. Reg. 246/22, s. 102 (4) (b) inspected by Manon Nighbor (755)

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

Order #002 from Inspection #2023-1011-0003 related to O. Reg. 246/22, s. 123 (3) (a) inspected by Manon Nighbor (755)

Order #002 from Inspection #2022-1011-0001 related to O. Reg. 246/22, s. 12 (1) inspected by Kelly Boisclair-Buffam (000724)

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

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

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, inspection #2023-1011-0003 served on May 2, 2023, with a CDD of September 29, 2023.

The evaluation and implementation of the specific three medication management policies were not

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completed.

Rationale and Summary

As of October 12, 2023, the required evaluation and the necessary changes to the three following policies were not completed:

- Medical and Nursing Administration Steps to Follow After Doctors Orders 6.9 policy.
- eMARS/eTARS (Medication and Treatment Administration Electronic Records) policy.
- Quarterly Medication Review policy.

Consequently the staff involved with the medication management system did not receive education related to the policies that required updating.

As such, not having the medication management system policies updated, implemented and shared with staff involved, potentially increased the risk of medication errors.

Sources: Medication Management draft, Medication Management meeting on July 11, 2023, PAC meeting on September 29, 2023, and interviews with a staff member. [755]

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:

Follow-up #: 1 - O. Reg. 246/22 - s. 123 (3) (a) related to Medication Management System with CDD of Sept 29, 2023 was not complied with. A WN with FLTCA s. 104 (4) is being issued including an AMP.

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.

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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: Conditions of licence**NC #002 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.

Rationale and Summary :

On October 4, 2023:

The Inspector observed the two doors in the lower level providing access to the stairwell. Both doors were kept closed. The door leading into the lower level hallway did not have a locking mechanism or an audible alarm. The door leading from the dining room to the stairwell, was not equipped with an audible door alarm.

There was no response system 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.

The Administrator/Licensee, had stated they were seeking another estimate for the maglock installation. They further indicated that the maglock revision should commence by end of October 2023.

As of October 12, 2023, the two doors did not meet legislative requirements as per CO #002.

Sources:

Interview with the Administrator/Licensee, observations of doors, email documentations.
[000724]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #002

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Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$2200.00, 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:

A WN was issued on July 11, 2023 during inspection 2023-1011-004 related to Compliance Order #002 from Inspection #2022-1011-0001 with a compliance due date of June 5, 2023 was found non compliant.

This is the second 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.

WRITTEN NOTIFICATION: Infection prevention and control.**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

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

The licensee failed to implement, a standard or protocol issued by the Director with respect to infection prevention and control.

Specifically related to Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes April 2022, section 9.1. The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program.

At minimum Routine Practices shall include:

- a) The use of infectious disease risk assessments including point of care risk assessments;
- d) Proper use of PPE, including appropriate selection, application, removal, and disposal; and

At minimum, Additional Precautions shall include:

- a) Evidence-based practices related to potential contact transmission and required precautions;
- b) Evidence-based practices related to potential droplet transmission and required precautions;
- d) Evidence-based practices for combined precautions;

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e) Point-of-care signage indicating that enhanced IPAC control measures are in place.

Rationale and Summary:

In October, 2023:

Inspectors observed there were no personal protective equipment (PPE) available outside of seven residents' rooms where droplet and contact precautions signage were posted.

Staff members and visitors were observed wearing a blue surgical mask and gloves when entering in the identified residents' rooms. A staff member confirmed that they only wore gloves and their blue surgical mask when providing care in the identified rooms. Staff members indicated that the seven residents were asymptomatic and tested negative for COVID.

A staff member confirmed that the droplet and contact precautions signage for the seven resident's rooms were posted to increase caution. They indicated that the residents were not isolated and it was the resident's preference to remain in their rooms.

A staff member confirmed that the droplet and contact precaution signage for the seven residents' rooms were posted a couple of days prior, when at the time, only one resident in the home had been identified symptomatic and COVID positive.

Sources: Observations, List of residents designated as COVID positive and symptomatic, Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes April 2022, section 9.1 and interviews with several staff members. [755]

WRITTEN NOTIFICATION: Emergency plans**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 268 (8) (a)

The licensee has failed to ensure that the emergency plans for the home are evaluated and updated, at least annually, including the updating of all emergency contact information.

Rationale and Summary

The home's Emergency and Fire Planning Manuals were reviewed. The last year for revision and update was recorded to be 2011.

Upon further review of the emergency fan-out lists, the last updated staff list was recorded as 2017.

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A staff member confirmed that the home had not updated or revised their manuals and were aware that updating is required annually.

By not updating and revising the Emergency and Fire Planning Manual and emergency fan-out lists, the home may be at risk for delayed resident assistance in the event of an emergency.

Sources:

Interviews with a staff member, review of the Emergency and Fire Planning Manuals in the Administrator's office and nursing units.

[000724]

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Compliance Order #002/2023-1011-0001_ O. Reg. 246/22 - s. 12 (1) Doors in the home, CDD: June 5, 2023. Follow up #1 WN #001/2023-1011-0004_ FLTCA, 2021, s. 104 (4) Conditions of licence, June 22, 2023, AMP of \$1100. Follow-up #2 WN 2023-1011-0008_ FLTCA, 2021, s. 104 (4) Conditions of licence, AMP \$2,200 and RIF.

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.



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