

**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

## Public Report

**Report Issue Date:** February 19, 2025

**Inspection Number:** 2025-1011-0001

**Inspection Type:**

Other  
Complaint  
Critical Incident

**Licensee:** 2629693 Ontario Inc.

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

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 10, 11, 12, 14, 19, 2025

The following intake(s) were inspected:

Intake #00131585 regarding a resident fall with injury.  
Intake #00133541 regarding a complaint for medication administration process.  
Intake #00139243 regarding the licensee's annual Emergency Planning Attestation Form.

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

Medication Management  
Safe and Secure Home  
Infection Prevention and Control  
Falls Prevention and Management

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## 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 (5)**

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that a resident's substitute decision-maker (SDM) was given the opportunity to participate in the development of the plan to manage this resident's change in medical condition.

On a specified date, this resident developed a medical condition that required treatment. This resident's SDM only became aware of this medical condition and treatment plan several days later.

Sources: Interviews with the SDM and DOC; record review of this resident's health care records.

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of

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care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer  
necessary.

The licensee has failed to ensure that a resident was reassessed and their plan of  
care reviewed and revised when the resident's care needs changed.

A resident's condition changed and their plan of care interventions were not  
updated until several days later.

Sources: Interviews with nursing staff and the DOC; review of this resident's health  
care records.

## **WRITTEN NOTIFICATION: Consent**

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

### **Non-compliance with: FLTCA, 2021, s. 7**

Consent

s. 7. Nothing in this Act authorizes a licensee to assess a resident's requirements  
without the resident's consent or to provide care or services to a resident without  
the resident's consent.

The license has failed to ensure that the provision of care or services was provided  
as per a resident's consent.

The resident's SDM denied consent for a specified treatment for this resident  
however the resident was provided this treatment later that month.

Sources: Interviews with nursing staff, this resident and their SDM; review of this  
resident's health care records.

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## WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: O. Reg. 246/22, s. 29 (4) (a)**

Plan of care

s. 29 (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and

The licensee has failed to ensure that their registered dietitian who is a member of the staff of the home, complete a nutritional assessment for a resident when they had a significant change in their health condition.

This resident did not have any nutritional assessment after this significant health condition change.

Sources: Interviews with the food services manager and dietitian; review of this resident's health care records.

## WRITTEN NOTIFICATION: Infection prevention and control program

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

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

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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 the additional requirement under the IPAC standard section 9.1 (e) the licensee has failed to ensure that at a minimum, their additional precautions included point-of-care signage to indicate that enhanced IPAC control measures were in place.

A resident was on specified additional precautions, however signage at the resident's door differed from the additional precaution requirement.

Sources: IPAC observations of a specific resident room doorway and an interview with nursing staff member.

## **WRITTEN NOTIFICATION: Medication management system**

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

**Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)**

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee has failed to ensure that a specified IPAC policy was implemented.

A resident was provided a medical treatment, that was not documented in the resident's health records. The licensee's policy and procedure instructed nursing staff to document this medical treatment in the resident's e-notes.

Sources: Interviews with nursing staff; review of this resident's health records and a policy and procedure.

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## WRITTEN NOTIFICATION: Administration of drugs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 140 (1)**

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

The licensee has failed to ensure that a specified medical treatment provided to residents in the home were prescribed for these residents. On a specified date, the home administered a medical treatment for several residents, however there were no prescription on their health records for this medical treatment.

Sources: Interviews with nursing staff and the DOC; review of these resident's health care records.

## WRITTEN NOTIFICATION: Administration of drugs

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

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

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Medication orders were transcribed to a resident's physical health records however these orders were not faxed to the licensee's pharmacy or added to the resident's Electronic Medication Administration Record (EMAR). This resident was not provided the specified medication until three days later when this was identified.

Sources: Interviews with nursing staff and the DOC; review of this resident's health care records.

## **WRITTEN NOTIFICATION: Attestation**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 270 (3)**

Attestation

s. 270 (3) The licensee shall ensure that the attestation is submitted annually to the Director.

The licensee failed to submit their emergency planning attestation form for 2024. The licensee submitted their emergency planning attestation form for 2024 on a specified date in 2025.

Sources: Interviews with Administrator, Assistant Administrator and the Director of Activity and Environmental services.

## **WRITTEN NOTIFICATION: CMOH and MOH**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 272**

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief

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Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The Licensee has failed to ensure that all alcohol-based hand rubs (ABHR) being used for hand hygiene were not expired as recommended by the Chief Medical Officer of Health (CMOH).

Specifically, the Ministry of Health's Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, 2024 directive specifies that the ABHR must not be expired. On a specified date, inspector noted the ABHR product bottles were expired on eight different locations in the home.

Sources: Observations of the home's common areas; interview with IPAC Lead/DOC; review of the Ministry of Health's Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, 2024.