

Chapter 11

Health—Inspecting Special-Care Homes

1.0 MAIN POINTS

The Ministry of Health is responsible for inspecting special-care homes in the province. Special-care homes provide personal and nursing care to residents who can no longer live independently due to health conditions, disabilities, or advanced age.

As of March 31, 2025, there were 161 special-care homes across the province—125 operated by the Saskatchewan Health Authority; 36 operated by healthcare affiliates contracted by the Authority.

We audited the Ministry of Health’s processes to inspect special-care homes and found it had effective processes, except it needs to:

- Use a risk-based inspection approach. The Ministry should consider complaints and critical incidents to determine the frequency of special-care home inspections, and it should conduct unannounced inspections.

We found the Ministry did not inspect two homes, with very high rates (63.1% and 58.6%) of residents potentially receiving unnecessary antipsychotics, until over three years after its inspection program began in 2021–22. Completed inspections at both these homes identified critical risks related to chemical restraints (i.e., potentially using antipsychotics inappropriately). Also, unlike other provinces that conduct unannounced inspections, the Ministry gives advance notice and has the longest interval between home inspections—once every three years.

- Conduct independent follow-up inspections at special-care homes to reduce the likelihood that non-compliance with care standards continues.

Since 2022, we found the Ministry conducted only one independent follow-up inspection that identified three repeated critical non-compliance issues related to physical restraints. Also, where the Authority requested extensions to remediate critical and high non-compliance issues, it took between 8–203 days to address them beyond the required 30 business days.

- Analyze whether it has sufficient resources and capacity to carry out risk-based inspections and re-inspections at special-care homes.
- Analyze and report on special-care home inspection results (i.e., non-compliance issues) to identify common trends and potential areas for improvement. We found without this analysis, the Ministry does not know where it needs to take action.
- Publicly report special-care home inspection results to increase transparency about special-care homes and any non-compliance concerns.

Without regular inspections and proper follow up, special-care home residents are susceptible to neglect, abuse, and even early death.



2.0 INTRODUCTION

2.1 Special-Care Homes in Saskatchewan

The Provincial Health Authority Act makes the Minister of Health responsible for the strategic direction of the healthcare system.

Special-care homes are facilities that provide comprehensive personal and nursing care for individuals who can no longer live independently due to health conditions, disabilities, or advanced age.¹ Some special-care homes are owned and operated by the Saskatchewan Health Authority and some homes are contracted by the Authority to deliver care (known as affiliates). As of March 31, 2025, there were 161 special-care homes across the province—125 operated by the Authority; 36 operated by healthcare affiliates.

In Saskatchewan, people who need help to care for themselves, like seniors, have options that vary according to their needs. As people need more help, they may move to:

- **Assisted living facilities** (providing meals, accommodations, activities)

Assisted living facilities for seniors are not regulated or funded by the Government—residents arrange for home-care services themselves to remain independent in their own home.²

- **Personal care homes** (providing meals, accommodations, activities, and personal care including assistance with medications, if needed)

Personal care homes are regulated by the Ministry of Health but are not funded by the Ministry.

- **Special-care homes** (long-term residential care for ill or disabled people)

Special-care homes are regulated by the Ministry of Health, and the Ministry provides the majority of the funding for them through the Saskatchewan Health Authority. The Ministry has established minimum standards for operating these homes.

2.2 Importance of Special-Care Home Inspections

Adults 85 years and older are among the fastest growing age groups in Canada and are more likely to require care due to chronic conditions. Quebec, New Brunswick, Saskatchewan, and British Columbia have the highest proportions of people in this age group.³

Residents of special-care homes, who are admitted based upon assessed need, are vulnerable due to age, disability, and/or inability of family and other supporters to manage their care.

¹ A special-care home must be prescribed and designated by the Ministry of Health under *The Facility Designation Regulations*.

² Home care supports individuals with medical and daily living needs to remain at home. Services are based on assessed need and may include nursing, personal care, and meal delivery.

³ Statistics Canada. *A portrait of Canada's growing population aged 85 and older from the 2021 Census*. April 2022.

Under *The Facilities Designation Regulations*, the Ministry of Health is responsible for inspecting special-care homes, which is the focus of our audit. The Regulations enable the Minister of Health to designate or appoint inspectors to:

- Ensure the Authority or affiliate is operating a special-care home in accordance with the *Program Guidelines for Special-care Homes*
- Ensure the general wellbeing of special-care home residents

In 2024–25, the Ministry spent approximately \$483,000 on inspections. As at July 31, 2025, it had six inspectors responsible for inspecting 161 special-care homes with approximately 8,800 beds in total. Homes range in size from 5–303 beds.

The Canadian Institute for Health Information (CIHI) reports on six quality indicators to help assess processes for delivering care in special-care homes, as well as outcomes of such care.⁴ The six quality indicators include:

- Recent falls
- Worsened behavioural symptoms
- Unexplained weight loss
- Middle-loss activities of daily living (i.e., decline in basic physical movements)⁵
- Potentially inappropriate use of antipsychotics (i.e., chemical restraints)
- Use of physical restraints

According to a 2025 CIHI report, rates of recent falls, worsened behavioural symptoms, unexplained weight loss, and middle-loss activities of daily living in long-term care homes across Canada have remained generally stable over the last 10 years while trends in use of physical restraints have improved. However, rates of potentially inappropriate use of antipsychotic medications have worsened.⁶ Canadian guidelines caution against frequent use of antipsychotics for older adults without a psychosis diagnosis because the risks (increased likelihood of strokes, falls, fractures, death) question the safety and quality of care for this vulnerable population.⁷

As shown in **Figure 1**, in 2023–24, Saskatchewan had the second highest rate (34.8%) of residents in long-term care homes on antipsychotics without a diagnosis of psychosis—well above Canada’s overall rate of 24.5%. In 2025, the Appropriate Use Coalition (comprised of 11 pan-Canadian healthcare organizations) set a new target of 15% in order to reduce inappropriate antipsychotic use in long-term care homes.⁸

⁴ Canadian Institute for Health Information (May 2025), *Recent staffing and quality indicator trends in Canadian long-term care*, p. 11.

⁵ Middle-loss activities of daily living refer to tasks like moving around (locomotion) and getting in and out of bed or chairs (transferring), which are basic physical movements people may start to need help with as they age or experience health issues.

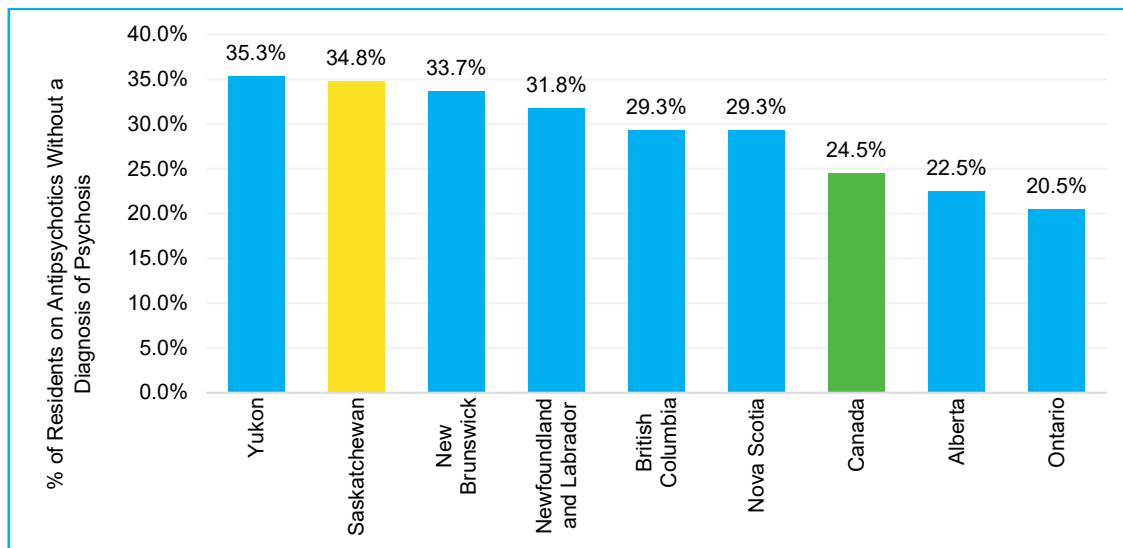
⁶ Canadian Institute for Health Information (May 2025), *Recent staffing and quality indicator trends in Canadian long-term care*, p. 12.

⁷ Appropriate Use Coalition, *Rising Rates: Antipsychotic Use in Canada’s LTC Homes*. itcmeds.ca/data (19 June 2025).

⁸ Appropriate Use Coalition, *Antipsychotics in LTC: Setting a Target for Appropriate Use*. itcmeds.ca (19 June 2025).



Figure 1—Rates of Residents on Potentially Inappropriate Antipsychotics in Long-term Care Homes



Source: Appropriate Use Coalition, *Rising Rates: Antipsychotic Use in Canada's LTC Homes*, p. 4.

Special-care homes are the permanent residence for some of the most vulnerable individuals in the province. Without proper care, these individuals are susceptible to abuse, neglect, and even early death. Conducting appropriate inspections at special-care homes help maintain accountability and confirm residents receive quality care expected by the Ministry's *Program Guidelines for Special-care Homes*.

Not appropriately inspecting special-care homes can lead to lower care quality, increased safety risks, and weakens public trust in the care system.

3.0 AUDIT CONCLUSION

We concluded, for the period ended July 31, 2025, the Ministry of Health had, other than the following areas, effective processes to inspect special-care homes.

The Ministry of Health needs to:

- Use a risk-based approach to determine the frequency of special-care home inspections and conduct unannounced inspections
- Analyze its resources to determine whether it has sufficient capacity to carry out risk-based inspections at special-care homes
- Conduct independent follow-up inspections at special-care homes to determine whether non-compliance issues were sufficiently addressed
- Analyze and report on special-care home inspection results (i.e., non-compliance issues) to identify common trends and potential areas for improvement
- Publicly report special-care home inspection results

Figure 2—Audit Objective, Criteria, and Approach**Audit Objective:**

To assess whether the Ministry of Health had effective processes, for the period ended July 31, 2025, to inspect special-care homes.

Audit Criteria:

Processes to:

- 1. Establish special-care home inspection program**
 - Maintain requirements (e.g., checklists, procedures, care standards) for inspecting special-care homes that align with good practice
 - Communicate requirements to inspectors and special-care home operators
 - Set risk-based plans to conduct timely inspections (e.g., consider past inspections and complaints)
 - Use qualified staff to conduct inspections
- 2. Assess compliance with established requirements**
 - Conduct risk-based inspections of special-care homes as expected
 - Report inspection results to special-care homes timely
 - Require special-care homes to take prompt action on non-compliance
 - Conduct follow-up inspections to confirm remediation of non-compliance
 - Investigate complaints about special-care homes timely
- 3. Evaluate performance of the special-care home inspection program**
 - Maintain quality control processes (e.g., monitor Ministry staff compliance with inspection requirements)
 - Analyze inspection results to identify trends to take action for systemic improvement
 - Report information on inspection results (e.g., reporting to senior management)

Audit Approach:

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry of Health's processes, we used the above criteria based on our related work, review of literature including reports of other auditors, and consultations with management. Ministry management agreed with the above criteria.

We examined the Ministry's policies and procedures, inspection criteria, and other key documents relating to special-care home inspections. We also interviewed key Ministry staff and observed two inspections at special-care homes. We tested a sample of inspections to assess whether the Ministry completed and documented inspection results as expected. We compared the Ministry's inspection practices to those in other provinces.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Inspection Requirements Maintained and Communicated

The Ministry of Health provides sufficient guidance to inspectors about inspecting special-care homes.

The Ministry maintains work standards documenting clear, detailed procedures for each stage of the inspection process (i.e., pre-inspections, inspections, post-inspections, and inspection non-compliance) for special-care homes. **Figure 3** outlines the inspection process.



Figure 3—Inspection Process for Special-Care Homes

Pre-inspection: Inspectors notify the special-care home about the upcoming inspection four weeks in advance and schedule a virtual pre-inspection meeting two weeks before the inspection, ensuring that special-care homes understand the Ministry of Health's expectations and have adequate time to prepare for the inspection.

Inspection: On days of inspection, inspectors tour the home, complete the inspection checklist, and conduct any necessary interviews. Inspectors do a verbal debrief of the inspection results with home operators when the inspection concludes.

Post-inspection: Within three business days of the inspection, inspectors send the written inspection compliance report to the special-care home and the Saskatchewan Health Authority.

Inspection non-compliance identified: The Authority is required to submit remediation plans to the Ministry within five business days for high/critical risk areas and within 30 business days for low/moderate risk areas. The Authority works with the special-care homes to ensure corrective remediation plans are implemented. For high/critical risk items, remediation is due within 30 days from the date the Ministry received the remediation plan and 60 days for low/moderate risk items.

Source: Adapted from Ministry of Health work standards for inspecting special-care homes.

The Ministry uses the *Program Guidelines for Special-care Homes* to set the minimum standard of care for safety, quality, staffing, and resident wellbeing in special-care homes. See **Figure 4** for the key areas covered under the Guidelines.

Figure 4—Areas Covered Under Program Guidelines for Special-care Homes

- **Administration** (e.g., move-in agreements)
- **Care Standards** (e.g., fall prevention and injury reduction programs, use of restraints [physical, chemical], medication management, nutrition, hydration)
- **Supportive Services** (e.g., facilitating diagnostic services, laundry)
- **Safety** (e.g., infection prevention, water temperature)
- **Staffing** (e.g., all homes must have at least one full-time registered nurse or registered psychiatric nurse)
- **Quality and Reporting** (e.g., handling concerns, critical incident reporting)

Source: Adapted from the Ministry of Health's *Program Guidelines for Special-care Homes*.

The Ministry uses the Guidelines as its inspection criteria when conducting inspections at special-care homes.

We found the Ministry updated the Guidelines in 2024 and properly communicated them with staff (i.e., inspectors), the Saskatchewan Health Authority, and special-care homes. In addition, the Ministry makes the Guidelines available on its website.⁹

We compared the Ministry's Guidelines to other Canadian jurisdictions (e.g., Manitoba, Ontario) and found the Guidelines were comparable, detailed, contained all of the significant areas we expected, and aligned with good practice.

Having up-to-date and robust guidelines for special care-homes and expectations for its inspection process allow the Ministry to hold each special-care home accountable for the same level of resident care, and for Ministry staff to understand the steps to follow when conducting a special-care home inspection.

⁹ publications.saskatchewan.ca/#/products/85127 (21 October 2025).

4.2 Risk-Based Approach for Inspections Needed

The Ministry of Health did not use a risk-based approach for inspections of special-care homes.

The Ministry began inspecting special-care homes in December 2021 and planned to inspect each home within three years. We found this timing did not align with good practice. At July 2025, the Ministry had inspected 130 of the 161 special-care homes across the province since December 2021.

When setting its annual inspection schedule, the Ministry indicated it considered geographical diversity, inspector availability, and number of beds in the homes to determine which special-care homes to inspect. The Ministry could not provide evidence of how it prioritizes inspections. We found the inspection schedule included the name of the special-care home, planned date for inspection, and inspector(s) responsible. However, the Ministry did not consider risks to determine when it should inspect special-care homes.

Risk-based inspections of special-care homes should involve prioritizing inspections based on the likelihood of significant negative outcomes such as:

- Poor quality of care indicators
- Reported critical incidents
- Public concerns or complaints.

The Canadian Institute for Health Information (CIHI) reports on six quality indicators (e.g., recent falls, potentially inappropriate use of antipsychotics) to help assess processes for delivering care in special-care homes, as well as outcomes of such care.¹⁰

According to CIHI, in 2023–24, Saskatchewan had the second highest rate (34.8%) of residents on potentially inappropriate antipsychotics (i.e., chemical restraints) in special-care homes—well above Canada’s overall rate of 24.5%. CIHI also reports rates for each special-care home in Saskatchewan. The Ministry did not consider this information when scheduling inspections. For example, the Ministry should likely prioritize inspections at homes that do not meet the quality indicators and regularly inspect them if quality of care continues to remain below expectations.

We found the Ministry did not schedule or inspect two homes with very high rates of potentially inappropriate use of antipsychotics (63.1% and 58.6%) until March and August of 2025 (i.e., over three years after the Ministry’s inspection program began). Ministry inspections completed at these two homes identified critical risks related to chemical restraints at both homes, meaning the homes inconsistently documented the use of chemical restraints and may have been using antipsychotic drugs to manage resident care when a diagnosis does not support the use of that medication.

¹⁰ Canadian Institute for Health Information (May 2025), *Recent staffing and quality indicator trends in Canadian long-term care*, p. 11.



The Saskatchewan Health Authority is required to report critical incidents to the Ministry. We identified five facilities that had critical incidents occur and reported to the Ministry between April 2023 and June 2024, yet inspection for those facilities did not take place until 2025.¹¹ Two of those critical incidents at two different special-care homes related to falls in which a resident of the special-care home died. Ministry inspections at these two special-care homes, which did not take place until 2025, identified critical risks related to falls (e.g., inconsistent documentation of resident falls, lack of prevention management plans). Earlier inspections by the Ministry at these homes may have addressed the concerns related to falls.

As noted in **Section 4.7**, the Ministry also tracks concerns/complaints, which includes care concerns, received directly or submitted to the Minister of Health's office. However, the Ministry does not consider the concerns/complaints received when planning special-care home inspections.

Not considering risks (e.g., past inspection results, complaints, critical incidents, quality of care indicator results) when planning special-care home inspections does not allow the Ministry to effectively prioritize inspections at the highest risk special-care homes. This can cause delays in identifying and ultimately addressing key areas of non-compliance.

1. We recommend the Ministry of Health use a risk-based approach for inspecting special-care homes.

In addition, unlike some other jurisdictions, we found Saskatchewan does not utilize unannounced inspections as part of the normal inspection cycle and also has the longest duration between inspections. **Figure 5** compares the inspection frequency and inspection type conducted in Saskatchewan to certain other jurisdictions across Canada. All other jurisdictions we compared conduct inspections of special-care homes at least every one or two years as well as perform unannounced inspections. Not inspecting special-care homes on a regular basis may result in patients living in unsafe conditions for long periods.

Figure 5—Comparison of Special-Care Home Inspection Frequency and Types to Certain Other Canadian Jurisdictions

- **Saskatchewan:** Announced inspections once every three years. Inspectors give the special-care home four weeks notice of the inspection (i.e., pre-inspection meeting).
- **Ontario:** Unannounced inspections at least once a year
- **Manitoba:** Unannounced inspections once every two years
- **Alberta:** Primarily unannounced, but some announced, once every 18 months

Source: Adapted from information received from each jurisdiction listed.

Announced inspections allow special-care homes time to rectify issues prior to an inspection. As a result, the Ministry may not observe a true representation of a home's day-to-day operations at the time of inspection. For example, during our onsite observation of two inspections conducted by the Ministry, we found a special-care home updated resident care plans after the Ministry informed the home of the upcoming inspection (the care plans had not been updated as required prior to receiving an inspection notice).¹²

¹¹ A critical incident is a serious and undesired adverse health event that was not expected or intended to occur, such as death, disability, injury, or harm.

¹² A resident care plan includes a resident's assessed unmet healthcare needs, goals, and interventions to address their needs.

Announced inspections may increase the risk that practices are altered to appear compliant, resulting in inaccurate assessments of resident care quality and safety.

2. We recommend the Ministry of Health conduct unannounced inspections at special-care homes.

4.3 Qualified Staff Conduct Inspections, But Analysis of Required Resources Needed

The Ministry of Health utilizes qualified staff with appropriate qualifications to conduct its inspections of special-care homes. However, the Ministry has not formally analyzed whether it has sufficient resources to conduct inspections.

At July 2025, the Ministry had six inspectors in Regina responsible for inspecting all 161 special-care homes in the province. Management indicated inspecting special-care homes take up around 60% of the inspectors' job responsibilities. The Ministry undertook 44 inspections between January and July 2025, and it expected to complete another 31 inspections by the end of March 2026. This supports the Ministry inspectors would be capable of inspecting care homes more frequently than once every three years.

The Ministry requires its inspectors to have an academic and professional background in the health sector, including a post-secondary degree in a health-related profession along with industry experience, preferably at the management level. We tested three inspectors who each had sufficient and appropriate academic credentials and extensive prior professional experience (e.g., Registered Nurse, Registered Psychiatric Nurse with management experience) required for their position.

The Ministry provides sufficient and appropriate training to new inspectors hired. It provides new inspectors with on-the-job training where they shadow experienced inspectors on 3–4 inspections to learn about the inspection process.

For inspections of special-care homes with 80 beds or less, one inspector completes the inspection. For special-care homes with more than 80 beds, two to three inspectors conduct the inspection together. As noted in **Section 4.2**, the Ministry planned to inspect each of the special-care homes within three years. At July 2025, it has not yet completed all inspections—3.5 years since inspections began in December 2021. Management indicated it plans to inspect the remaining 31 special-care homes by the end of 2025–26.

While the Ministry increased its inspectors from two to six since the inspection program began in 2021–22, it has not analyzed whether it has sufficient staff and resources to carry out timely inspections.¹³ For example, the Ministry has not analyzed:

- Whether the location of inspectors is reasonable (i.e., having all inspectors based in Regina given some special-care homes are located in northern Saskatchewan)
- Whether assigning caseloads would make sense (i.e., assigning special-care homes to specific inspectors)

¹³ As at July 31, 2025, there were six inspectors with one vacancy for a total of seven positions available to conduct inspections.



The Ministry will need to analyze resources needed as part of a risk-based approach for inspecting and re-inspecting special-care homes (see **Recommendation 1**).

Without sufficient resources to conduct inspections, the Ministry may encounter challenges in carrying out inspections and follow-up inspections in a timely and effective manner.

- 3. We recommend the Ministry of Health analyze its resources to determine whether it has sufficient capacity to carry out risk-based inspections at special-care homes.**

4.4 Inspections Appropriately Conducted and Results Reported Timely

The Ministry of Health conducts inspections at special-care homes to confirm residents receive quality care expected by the *Program Guidelines for Special-care Homes* and reports timely results to the special-care homes and the Saskatchewan Health Authority.

The Ministry utilizes an inspection tool (checklist) to document each special-care home inspection it conducts. **Figure 6** shows examples of areas assessed during special-care home inspections. We found the checklist aligned with the *Program Guidelines for Special-care Homes*.

Figure 6—Examples of Special-Care Home Inspection Assessment Areas

- **Nutrition and Hydration** (e.g., nutritional assessment by a Registered Dietician completed if a resident shows evidence of nutritional risk factors, an accurate recording of food intake is documented when there is a significant change in weight)
- **Medication Management** (e.g., residents observed taking the medication, no medication is pre-poured or left unattended, documentation of medication reconciliation upon move-in and transfer, medications are within expiry dates)
- **Care Plans** (e.g., developed within four days of arrival and reviewed quarterly or when there is a change in health status, medical representative notified when a change in the care plan/condition occurred)
- **Personal Care** (e.g., residents received a minimum of one bath/shower in the last seven days, or documentation is provided as to why this did not occur, residents receive oral care minimum of once daily)
- **Pain management** (e.g., pain assessed daily and documented in the resident's chart, effectiveness of the pain management strategy is evaluated and documented in the resident's chart)
- **Restraints** (e.g., written physician's or nurse practitioner's order for the restraint on the chart, a completed review, at minimum, within the last three months when restraints are in use, written consent from resident/medical representative regarding use of and rationale for restraints, chemical restraints are reviewed a minimum of once a month)
- **Skin Integrity and Wound Care** (e.g., resident's chart notes observations on skin condition, documentation in the resident care plan regarding wound management and treatments)
- **Infection Prevention and Control** (e.g., wound supply products stored in a clean space, opened products are labeled with resident's name, personal care products labeled appropriately and labelled for individual use)
- **Water temperature** (e.g., the water temperature is controlled at the point of use, bath water temperature is checked and documented prior to each bath)

Source: Adapted from the Ministry of Health's inspection tool.

The Ministry also utilizes a risk assessment matrix to help determine the consequences of potential non-compliance occurring that affects residents (e.g., severity of injury) and the probability of occurrence of an adverse event (see **Figure 7**). During inspections, inspectors use the matrix to assess and rank the severity of identified non-compliance issues and classifies them as critical, high, moderate, or low in the checklist.

Figure 7—Risk Matrix to Assess Non-Compliance Identified During an Inspection

Likelihood (probability) How likely is the event to occur?	Consequences: What is the severity if risk occurs?				
	Insignificant No injury/no first aid	Minor Some first aid	Moderate External medical treatment	Major Extensive injuries	Catastrophic Extensive injuries/death
Almost Certain Expected in normal circumstances	Moderate	High	High	Critical	Critical
Likely Probably occur in most circumstances	Moderate	Moderate	High	High	Critical
Possible Might occur at some time (1%)	Low	Moderate	High	High	Critical
Unlikely Could occur in some future time (0.1%)	Low	Moderate	Moderate	High	High
Rare Only in exceptional circumstances	Low	Low	Moderate	Moderate	High

Source: Adapted from information provided by the Ministry of Health.

The Ministry expects inspectors to provide special-care home operators and Saskatchewan Health Authority management with a report within three business days after an inspection. The inspection report includes all instances of non-compliance and assessed risk (i.e., critical, high, moderate, low).

Our testing of 16 inspection reports found inspectors:

- Consistently utilized the inspection checklist and assessed instances of non-compliance when conducting each inspection
- Provided the special-care home and the Authority with inspection reports within three days of the inspection as required

We also attended two onsite inspections conducted by the Ministry in August 2025—one at an Authority-owned special-care home, the other at an affiliate. We found inspectors conducted thorough inspections by touring facilities, interviewing staff (e.g., maintenance, kitchen staff), reviewing resident charts, and properly completing the inspection checklist. Each inspection took two days to complete.



We also found if inspectors identified critical issues (e.g., bathing water temperature could exceed recommended temperature) that could be remedied immediately, they spoke to special-care home management to resolve an issue while onsite.

Conducting appropriate inspections at special-care homes and communicating inspection results help to confirm residents receive quality care expected by the *Program Guidelines for Special-care Homes* and maintain homes' accountability for resident care.

4.5 Remediation Plans Received and Implementation Self-Reported by the Saskatchewan Health Authority

The Ministry of Health receives remediation plans from the Saskatchewan Health Authority to address areas of non-compliance identified during special-care home inspections within expected timeframes. The Authority also self-reports actions and validates affiliates' actions taken to address non-compliance issues or requests the Ministry approve extensions for implementation.

As of March 31, 2025, there were 161 special-care homes across the province—125 operated by the Authority; 36 operated by healthcare affiliates. The Ministry requires the Authority management working with the special-care home operators, including affiliate operators, to submit remediation plans for identified non-compliance issues at a home. Once received, the Ministry reviews and assesses the adequacy of each plan (i.e., clearly define the actions and dates to address the non-compliance issues). After the Ministry accepts a plan, it requires the Authority to self-report actions taken to address the non-compliance issues.

The Ministry does not conduct independent inspections to confirm compliance, rather it relies on the Authority's self-reporting and validation of affiliates' actions.¹⁴ Self-reported information is not always accurate. Without directly assessing whether special-care homes addressed non-compliance issues, the Ministry does not know whether residents receive the level of care it expects or homes meet its Guidelines. See **Recommendation 4** regarding the need for the Ministry to conduct follow-up inspections and confirm timely remediation.

Figure 8 sets out the Ministry of Health's requirements for submitting and confirming implementation of remediation plans.

Figure 8—Requirements for Submitting and Implementing Remediation Plans

Ministry of Health Requirement	Non-Compliance Risk Level	
	Critical and High	Moderate and Low
Remediation plan submission requirement after inspection	Within 5 business days	Within 30 business days
Confirmation of remediation plan implementation after Ministry acceptance	Within 30 business days	Within 60 business days

Source: Adapted from information provided by the Ministry of Health.

¹⁴ The Saskatchewan Health Authority has a signed Principles and Services Agreement with each of its affiliates and the Authority reports on its observations and confirms to the Ministry of Health that each affiliate has completed the required remediation.

The Ministry requires the Authority to request extensions if a special-care home needs additional time to implement its remediation plan. The Authority must outline rationale (e.g., require more time to properly train or educate staff) for requesting an extension.

For the 16 inspections tested, we found:

- The Authority submitted remediation plans for 13 inspections as expected. It submitted the three remaining plans 2–4 days late, however, we saw evidence of the Ministry following up on late plans.
- The Ministry assessed remediation plans for all 16 inspections. In 12 instances, the Ministry accepted remediation plans within seven days of receiving the plan. In the remaining four cases, after the Ministry’s assessment, it required the Authority to resubmit the remediation plans.
- The Authority requested, and the Ministry approved, extensions for addressing non-compliance issues identified in eight inspections (ranging from 1–4 extensions each). As a result, critical and high non-compliance issues addressed beyond the required 30 business days ranged from 8–203 days. See **Recommendation 4** regarding the need for the Ministry to conduct follow-up inspections and confirm timely remediation.
- The Authority and special-care homes addressed the non-compliance issues identified within the stipulated time (including approved extensions) in eight inspections. For the remaining eight inspections:
 - Remediation plan implementation was not yet due at time of testing for two inspections.
 - Implementation was late (4–22 days) for six inspections but we saw evidence of the Ministry following up with the Authority.

When special-care homes refuse to submit remediation plans or take action to address non-compliance issues, the Ministry can escalate the matter. We found one instance where the Ministry inspected an affiliate-operated special-care home in November 2024 and the home refused to submit remediation plans or act on non-compliance issues. The Ministry and the Authority worked together to escalate the matter (e.g., to senior leadership within the Ministry and the Authority). The Authority began co-managing the home in May 2025. As of October 2025, the special-care home had not yet addressed three moderate/low risk non-compliance issues (e.g., policy development). Management indicated the Ministry continues to closely monitor the situation.

Receiving remediation plans as required and having the Authority confirm implementation helps ensure appropriate action is taken on non-compliance issues identified during special-care home inspections.

4.6 Independent Follow Up on Non-Compliance Issues Needed

The Ministry of Health does not conduct follow-up inspections to determine whether special-care homes have remediated all areas of non-compliance identified during previous inspections.



The Ministry maintains a spreadsheet to track inspection dates, remediation plan submission dates, compliance due dates, and extension dates granted. As shown in **Figure 9**, our analysis found that while the number of days to implement remediation plans for critical and high-risk non-compliance issues decreased in 2025, the Saskatchewan Health Authority still requires up to three months to address certain critical and high-risk non-compliance issues. The Ministry does not track or analyze reasons for extensions causing delays in implementation.

Figure 9—Analysis of 2022–25 Inspections and Delays in Remediating Non-Compliance Issues

	2022	2023	2024	2025 (to July)	Total
Inspections conducted	47	10 ^A	29	44	130
Remediation plans implemented late	23	8	20	15	66
Extensions granted by the Ministry	23	19	43	25	110
Days to address critical and high non-compliance issues beyond required 30 business days	7–241 days	3–140 days	6–122 days	1–81 days	

Source: Adapted from information provided by the Ministry of Health.

^A Management indicated fewer inspections occurred due to inspector vacancies and, during that time, the Ministry required a minimum of two inspectors per inspection.

We found the Ministry does not track or analyze the number of critical and high or moderate and low non-compliance issues identified during each of the inspections. During our testing of 16 inspection reports, we found:

- Across these reports, the number of identified non-compliance issues ranged from 13–82 (out of over 200 areas assessed)
- Critical non-compliance ranged from 8–49 issues (e.g., nurse not observing resident taking medication, pain not assessed daily)
- High non-compliance ranged from 0–15 issues (e.g., inconsistent documentation for oral care provided to residents, effectiveness of pain management not documented)
- Moderate and low non-compliance ranged from 2–24 issues (e.g., unable to locate a policy, incomplete signage for use of video surveillance)

The Ministry does not return to verify whether special-care homes sufficiently rectified the areas of non-compliance identified during inspections. Instead, as noted in **Section 4.5**, it relies on self-reported information the Saskatchewan Health Authority collects from home operators to confirm proper remediation has taken place. The Ministry not confirming non-compliance issues are addressed, increases the risk residents are not receiving the level of care expected.

Since 2022, we found the Ministry has only conducted one follow-up inspection at a special-care home (an affiliate). The Ministry conducted the follow-up inspection due to several lengthy extensions, with the home not rectifying the non-compliance issues until over a year after the initial inspection.

We compared the original inspection results to the follow-up inspection results and found:

- During the original inspection in January 2022, inspectors identified 7 high and 21 critical non-compliance issues. The Authority reported all non-compliance issues were addressed in January 2023.
- During the follow-up inspection in August 2023, inspectors identified 2 high and 15 critical non-compliance issues
- Three critical non-compliance issues related to physical restraints repeated in the follow up inspection in August 2023. For example, residents were noted to be in Broda chairs with no physician orders or family/resident consent documented in the resident's chart.¹⁵ Being placed in a Broda chair unnecessarily impacts the resident's quality of life as it restricts mobility.

Overall, while non-compliance issues were remedied in certain instances going onsite to reinspect the special-care home did identify continuing non-compliance issues. This shows the importance of the Ministry conducting follow-up inspections as part of a risk-based approach to achieve sustained compliance.

We found other jurisdictions (e.g., Ontario, Manitoba) conduct follow-up inspections to confirm whether homes sufficiently address non-compliance issues.

Without periodic follow-up inspections to confirm compliance, the Ministry is unable to verify and ensure special-care homes have properly addressed non-compliance issues identified in initial inspections and whether special-care homes consistently meet the required standards for resident care (i.e., sustained compliance).

Furthermore, extended intervals between inspections increase the likelihood that sustained non-compliance with standards is not identified or rectified in a timely or appropriate manner, putting residents at risk. As part of setting its risk-based plan (**Recommendation 1**), the Ministry will need to determine when and how often to conduct follow-up inspections.

4. We recommend the Ministry of Health conduct independent follow-up inspections at special-care homes to determine whether previously identified non-compliance issues are sufficiently addressed.

4.7 Concerns and Complaints Tracked but Not Analyzed

The Ministry of Health tracks concerns and complaints received but does not analyze them to set a risk-based plan for special-care home inspections.

¹⁵ A Broda chair is a type of specialized, supportive wheelchair or seating device.



Individuals can lodge a concern or complaint about resident care at a special-care home, by contacting the Ministry directly via a general inquiries phone line or email, or file a concern or complaint with the Minister of Health.

The Ministry tracks the complaints or concerns received directly or by the Minister, including:

- Date
- Name of complainant
- Concern
- Special-care home name (city listed if not related to specific home)
- Inspector who addressed the concern
- Date response sent

We found the Ministry does not analyze concerns or complaints received such as different types of concerns/complaints (e.g., resident care), timeliness of responding to concerns/complaints, or whether certain special-care homes receive more concerns/complaints than others.

Per our review of the concerns or complaints received, the majority of concerns or complaints received relate to billings, resident placement, or resident assessments for placement. As shown in **Figure 10**, while the Ministry received fewer concerns or complaints in the last two years, the percentage of concerns or complaints related to resident care increased in 2025.

Figure 10—2022–25 Concerns or Complaints Related to Resident Care in Special-Care Homes

	2022	2023	2024	2025 (up to September)
Total concerns or complaints received	257	322	144	63
Concerns or complaints related to resident care	36	32	15	10
% of concerns or complaints related to resident care	14%	10%	10%	16%

Source: Adapted from information provided by the Ministry of Health.

We found the Ministry does not always document the completion date (i.e., when it responded to a concern or complaint), so we were unable to assess whether concerns/complaints were addressed timely on an overall basis.

For the two concerns or complaints tested relating to resident care, we found:

- Inspectors reached out to the complainants the same day the concern/complaint was received

- The concern/complaint was responded to within a reasonable time (8 and 16 days). Staff at the special-care homes met with the complainants and developed plans to address concerns (e.g., alternative skin care approach).

As noted in **Section 4.2**, the Ministry should analyze and consider complaints when developing a risk-based approach to inspecting special-care homes as they can provide insights into concerns such as insufficient care, poor management practices, or inappropriate treatment at a special-care homes.

4.8 Inspection Results Not Fully Analyzed or Reported

The Ministry of Health analyzes and reports on some special-care home inspection results but needs to do more for non-compliance issues.

After completing special-care home inspections, inspectors prepare a report on the results of the inspection. The Director of Continuing Care and Rehabilitation of the Ministry of Health informally reviews the inspection results. However, the Ministry has not established a method to monitor and analyze overall inspection results to determine the significance of the findings (e.g., number of critical and high-risk areas). **Section 4.6** describes the significance of non-compliance issues found with the 16 special-care home inspections we tested (e.g., number of critical non-compliance issues ranged from 8–49 issues, number of high non-compliance issues ranged from 0–15 issues).

Without analyzing the inspection results, the Ministry is unable to determine trends (e.g., common non-compliance issues, sustained compliance at homes).

In June 2025, Ministry senior management began receiving quarterly reports on the current status of inspections. We found the reports provided an overview of the status of inspections and extensions since the inspection program began in December 2021 (see **Figure 11**). As of June 10, 2025, the Ministry reported it completed 118 inspections, with 27 special-care homes still working toward remediation of identified issues.

Figure 11—Status of Special-Care Home Inspections as at June 10, 2025

Homes Inspected	Compliant Homes Post-Inspection	Remediation in Progress	Critical or High Extension Requests	Moderate or Low Extension Requests	Average Days of Extension
118/161 (73%)	91	27	91	33	75.6

Source: Adapted from the Ministry of Health's June 2025 quarterly report.

The report also includes the number (29) of delayed inspections with reasons (e.g., disease outbreak).

The Ministry also identified some common issues from the inspections. For example, it noted inconsistencies in resident care planning and assessment, as well as medication management.



During our testing of 16 inspections, we identified the following common issues:

- Care plans not consistently and appropriately completed
- Resident pain not assessed daily, and the effectiveness of pain intervention not consistently documented
- Fire drills occurring inconsistently and/or not documented
- Inconsistencies in documentation around individual fall prevention

In addition, we found the quarterly report provided some information related to the significance of the non-compliance issues found during inspections. However, it only included the results from the 2025–26 inspections. For example, it noted of the 20 inspections conducted, two homes were fully compliant and 18 were in progress toward completing remediation—83% of the special-care homes were in progress to remediate critical or high non-compliance issues within the required timeframe; 95% of the special-care homes were in progress to remediate moderate or low non-compliance issues.

Without analyzing or summarizing all inspection results, the Ministry does not know where it needs to take action (e.g., inform the Saskatchewan Health Authority on areas where additional training may be needed such as properly updating or completing resident care plans). The Ministry should also analyze extension requests to understand which special-care homes are challenged with achieving compliance and in what areas.

Analyzing and reporting on special-care home inspection results is crucial for identifying areas of improvement, ensuring compliance with quality care standards, and allocating resources effectively. It would also help the Ministry collect essential data for implementing corrective actions and making informed decisions on the special-care home inspection program.

5. We recommend the Ministry of Health formally analyze and report on special-care home inspection results (i.e., non-compliance issues) to identify common trends and potential areas for improvement.

In early 2025, the Ministry began considering options for publicly reporting results of special-care home inspections after its analysis showed other jurisdictions publicly report inspection results. At October 2025, the Ministry is determining what inspection results to publish and how often. Management indicated it expects to publicly report inspection results in 2026–27.

We would expect the Ministry to report, at a minimum, the inspection dates and non-compliance issues found.

Without public access to special-care home inspections results, the process lacks transparency leading to less pressure for special-care homes to quickly implement remediation plans and allows for recurring non-compliance, putting residents' health and safety at risk. In addition, families and the public are unaware of issues identified at special-care homes.

6. We recommend the Ministry of Health publicly report results of special-care home inspections.

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