



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

Ottawa Service Area Office  
347 Preston St, 4th Floor  
OTTAWA, ON, K1S-3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347, rue Preston, 4<sup>ième</sup> étage  
OTTAWA, ON, K1S-3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 23, 2014	2014_284545_0011	O-000292- 14	Complaint

#### **Licensee/Titulaire de permis**

1663432 ONTARIO LTD.  
2212 GLADWIN CRESCENT, UNIT A-9, SUITE 200, OTTAWA, ON, K1B-5N1

#### **Long-Term Care Home/Foyer de soins de longue durée**

MANOIR MAROCHEL  
949 MONTREAL ROAD, OTTAWA, ON, K1K-0S6

#### **Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

ANGELE ALBERT-RITCHIE (545)

#### **Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): April 17, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Office Manager, one Registered Practical Nurse (RPN) and Resident #1.**

**During the course of the inspection, the inspector(s) reviewed Resident #1's health and administrative records, the home's complaints process and observed care and services provided to residents.**

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



Reporting and Complaints Resident Charges

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains a detailed description of non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) and its French equivalent under the LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 100. Every licensee of a long-term care home shall ensure that the written procedures required under section 21 of the Act incorporate the requirements set out in section 101. O. Reg. 79/10, s. 100.

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg 79/10, s. 100 whereby every licensee of a long-term care home shall ensure that the written procedures required under section



21 of the Act, incorporate the requirements set out in section 101 of Regulations 79/10.

In accordance with the LTCHA 2007, S.O. 2007, c8, s.21 and O.Reg 79/10, s. 100 and s. 101, every licensee shall ensure that there are written procedures for initiating and dealing with complaints. The written procedure must include the requirements outlined in section 101 of the Regulations.

In a review of Resident #1's administrative records, a complaint letter from Resident #1's Power of Attorney (POA) for Property dated on a specific date in October 2013 was found. The letter indicated that Resident #1's POA did not want to provide the home with Resident #1's banking information, which he understood as being the PIN, in order for the home to withdraw Resident #1's monthly accommodation fee.

At the end of September 2013, the Administrator sent a letter to all Residents/POA. The letter stated that everybody had to migrate to the new pre-authorized payment system and that the home would no longer be able to accept cheques once the system was in place.

In an interview with Office Manager #S101, he/she indicated that a complaint letter from Resident #1's POA was received on a specific date in October 2013 following a letter that was sent by the Administrator at the end of September 2013. Office Manager #S101 indicated that he/she contacted Resident #1's POA on a specific date in October 2013 to ask him/her to complete the banking form that was provided with the letter sent by the Administrator and to send it back to the home along with a void cheque.

In an interview with the Administrator, he indicated that he had not been informed that Resident #1's POA had sent a complaint letter.

Upon request for the home's complaints procedure, the home's Administrator provided Inspector #545 with a policy. The policy entitled: Complaint Policy and Procedure, effective January 2014 described on page 1 of 1, steps for residents and family members on how to initiate a complaint through staff members, management, resident council, a suggestion/concern mail box or the Ministry of Health and Long Term Care.

As such the home's complaints policy and procedure (January 2014) did not contain information related to how complaints were to be dealt with in the home or the



requirements of section 101 of the Regulations. [s. 100.]

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

**Specifically failed to comply with the following:**

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**

**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**

**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**

**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**

**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**

**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**

**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

---

**Findings/Faits saillants :**



1. The licensee has failed to comply with O.Reg 79/10 s.101 (2) in that the home did not ensure that a documented record was kept in the home that included the nature of Resident #1's POA's written complaint, the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, the final resolution, if any, every date on which any response was provided to the complainant and a description of the response, and any response made by the complainant.

Upon request for the home's record for documented complaints, the Administrator provided Inspector #545 with a Complaint Binder. The last complaint logged in the home's Complaints Binder was from a specific date in September 2011. The Administrator indicated that the complaint letter received from Resident #1's POA on a specific date in October 2013 had not been logged in the Complaints Binder as the home had stopped using the binder.

The Administrator indicated that the home would start documenting verbal and written complaints in the Complaints Binder once the Extendicare Complaints Policy (Policy number: 09-04-06) was implemented. The Administrator indicated that he was presently in the process of distributing the Extendicare Complaints Policy to each department manager of the home.

As such the home did not have a documented record of Resident #1's POA's complaint received on a specific date in October 2013, including all steps to show how the complaint was dealt with. [s. 101. (2)]

---

**Issued on this 23rd day of May, 2014**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**