



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

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

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

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

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

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

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

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 19, 2015	2015_225126_0025	O-001925-15	Follow up

**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**

LINDA HARKINS (126)

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

**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): JULY 15, 2015**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Acting Director of Care, the Clinical Nurse Manager, several registered Practical Nurses and one resident.**

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



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**Falls Prevention  
Hospitalization and Change in Condition**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)  
0 VPC(s)  
1 CO(s)  
0 DR(s)  
0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).  The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD).  Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

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

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**  
**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**  
**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**  
**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the plan of care was not reviewed at any other time when the resident care needs change.

On a specific day in April 2015, Resident #01 was sent to the Hospital Emergency Room. A few days later, Resident #01 was sent for an external appointment with the Thrombosis Unit (TU). The Physician from the TU, recommended that Resident #01, "resume on an anti-coagulant and should likely continue on given his chronic condition. On that same day, a telephone conversation was held between the TU Physician and the Family Physician of the Long Term Care Home who indicated Resident # 01 medication list was to be reviewed. The TU Physician prescribed the anti-coagulant for 30 days.

The anti-coagulant was administered to Resident #01 for 30 days, After that day, the medication was stopped and no documentation was found in Resident #01 health care record related to the reassessment of the anti-coagulant.

One month later, the Pharmacist completed a "Pharmacist Professional Opinion Form" requesting an assessment related to the anti-coagulant which included documentation that the recommendations was discussed with Registered Practical Nurse (RPN) S#100.

On July 15, 2015, Inspector #126 reviewed the Form with RPN S#100 who indicated that the Form included documentation written by the Physician of the home, requesting that the anti-coagulant "continue as per discussion with specialist last admission", the note was not signed or dated by the Physician. On that same document it was noted, that Registered Nurse (RN) S#101 faxed the form to the pharmacy on a specific day of June



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2015 to continue the administration of the anti-coagulant on daily basis.

On July 15, 2015, Inspector # 126 interviewed RPN S#100 who indicated that he could not recall having a discussion with the Pharmacist on that day related to Resident # 01 anti-coagulant medication. On July 15, 2015, Inspector # 126 interviewed RN S#101 who indicated that the Physician visited the home on a specific day of June 2015 and was made aware of the Pharmacist request related to the anti-coagulant. On that same day, RN S#101 faxed the prescription written on the "Pharmacist Professional Opinion Form" to the pharmacy to continue the anti-coagulant as prescribed by the Physician.

Upon reviewing Resident # 01 health care record, it was noted that the anti-coagulant was not administered to Resident # 01 between a specific day in May and July 15, 2015. The change in resident care needs was not reassessed to ensure Resident #01 was administered the anti-coagulant as recommended by the Thrombosis Unit, as requested by the Pharmacist who discussed the recommendation with RPN S#100, as requested by the Physician of the home and as faxed to the Pharmacy on a specific day of June.

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**Issued on this 20th day of August, 2015**

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

**Original report signed by the inspector.**



**Ministry of Health and  
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**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
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Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

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

**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**

**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** LINDA HARKINS (126)

**Inspection No. /**

**No de l'inspection :** 2015\_225126\_0025

**Log No. /**

**Registre no:** O-001925-15

**Type of Inspection /**

**Genre**

**d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Aug 19, 2015

**Licensee /**

**Titulaire de permis :**

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

**LTC Home /**

**Foyer de SLD :**

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

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Bipin Raut

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To 1663432 ONTARIO LTD., you are hereby required to comply with the following  
order(s) by the date(s) set out below:



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
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**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**

**Lien vers ordre existant:** 2015\_198117\_0007, CO #001;

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

- (a) a goal in the plan is met;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

**Order / Ordre :**

In order to achieve compliance with LTCHA S.6 (10) (b) the licensee shall ensure the following occurs when a resident returns from hospital (including visit to emergency and appointment to any external clinic) with a change of condition requiring a new treatment:

-The new treatment plan and the resident plan of care reviewed and revised by the registered nursing team members and the Physician of the home to ensure ongoing communication occurs until clarification is obtain to ensure resident care needs are met.

-Other care team members, including external resources, are to be consulted and included in the assessment and development of the care directives when required a new treatment plan.

-The treatment plan is to be reviewed, revised and evaluated on an ongoing basis or when the care needs change

An Order was issued on April 8, 2015 related to S. 6 (10) reassessment of plan of care. (Inspection # 2015\_198117\_0007)



## Ministry of Health and Long-Term Care

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Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

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

### Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

## Grounds / Motifs :

1. On a specific day in April 2015, Resident #01 was sent to the Hospital Emergency Room. A few days later, Resident #01 was sent for an external appointment with the Thrombosis Unit (TU). The Physician from the TU, recommended that Resident #01, “resume on an anticoagulant and should likely continue on given his chronic condition. On that same day, a telephone conversation was held between the TU Physician and the Family Physician of the Long Term Care Home who indicated Resident # 01 medication list was to be reviewed. The TU Physician prescribed the anti-coagulant for 30 days.

The anti-coagulant was administered to Resident #01 for 30 days. After that day, the medication was stopped and no documentation was found in Resident #01 health care record related to the reassessment of the anti-coagulant.

One month later, the Pharmacist completed a “Pharmacist Professional Opinion Form” requesting an assessment related to the anti-coagulant which included documentation that the recommendations were discussed with Registered Practical Nurse (RPN) S#100.

On July 15, 2015, Inspector #126 reviewed the Form with RPN S#100 who indicated that the Form included documentation written by the Physician of the home, requesting that the anti-coagulant “continue as per discussion with specialist last admission”, the note was not signed or dated by the Physician. On that same document it was noted, that Registered Nurse (RN) S#101 faxed the form to the pharmacy on a specific day of June 2015 to continue the administration of the anti-coagulant on daily basis.

On July 15, 2015, Inspector # 126 interviewed RPN S#100 who indicated that he could not recall having a discussion with the Pharmacist on that day related to Resident # 01 anti-coagulant medication. On July 15, 2015, Inspector # 126 interviewed RN S#101 who indicated that the Physician visited the home on a specific day of June 2015 and was made aware of the Pharmacist request related to the anti-coagulant. On that same day, RN S#101 faxed the prescription written on the "Pharmacist Professional Opinion Form" to the pharmacy to continue the anti-coagulant as prescribed by the Physician.

Upon reviewing Resident # 01 health care record, it was noted that the anti-coagulant was not administered to Resident # 01 between a specific day in May



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and July 15, 2015. The change in resident care needs was not reassessed to ensure Resident #01 was administered the anti-coagulant as recommended by the Thrombosis Unit, as requested by the Pharmacist who discussed the recommendation with RPN S#100, as requested by the Physician of the home and as faxed to the Pharmacy on a specific day of June.

(126)

**This order must be complied with /**

**Vous devez vous conformer à cet ordre d'ici le : Sep 18, 2015**



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Pursuant to section 153 and/or  
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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsb.on.ca](http://www.hsb.on.ca).

**Issued on this 19th day of August, 2015**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :** LINDA HARKINS

**Service Area Office /  
Bureau régional de services :** Ottawa Service Area Office