



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 6, 2016	2016_346133_0018	004592-16	Follow up

Licensee/Titulaire de permis

CVH (No.4) GP Inc. as general partner of CVH (No.4) LP
766 Hespeler Road, Suite 301 c/o Southbridge Care Homes Inc. CAMBRIDGE ON N3H
5L8

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

MANOIR MAROCHÉL
949 MONTREAL ROAD OTTAWA ON K1K 0S6

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

JESSICA LAPENSEE (133)

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): May 3rd, 2016.

This follow up inspection was in relation to a Compliance Order regarding a lack of functional pagers, that are connected to the resident - staff communication and response system, for use by nursing staff.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care and the RAI Coordinator.

The Inspector worked with the Director of Care to test the nursing staff pagers that are connected to the home's resident-staff communication and response system.

The following Inspection Protocols were used during this inspection:
Safe and Secure Home

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)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 44.	CO #001	2015_286547_0025		133



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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 17 (1) (a) in that the licensee has failed to ensure that the home is equipped with a resident – staff communication and response system (the system) that can be easily accessed and used by residents, staff and visitors at all times.

This finding of non-compliance is specific to bedroom #101.

On May 3rd, 2016, the Inspector worked with the home's Director of Care (DOC) to test pagers that are used by nursing staff. The pagers are connected to the system. As the system does not use sound alerts, the pagers are required to ensure direct notification to nursing staff when a call for assistance is made, by residents, staff or visitors. This follow up was conducted in relation to a compliance order (CO #001, inspection #2015_286547_0025) regarding a lack of functional pagers for nursing staff. To begin the testing process, the DOC collected the four pagers in use for the West care unit (#4 - #7), and the system was activated from within bedroom #101. The system was activated by pressing the red button at the end of the bed side activation cord. The testing period occurred between 1048 hours and 1103 hours. It was verified that none of the four pagers registered a call from bedroom #101. It was noted that the dome light outside of the bedroom did illuminate, and that the panel within the South hallway nurses' station



did reflect an active call from bedroom #101. The Inspector and the DOC went on to other bedrooms and confirmed that the pagers were functional and registering calls from the testing locations. The Inspector, the DOC, and the RAI coordinator returned to bedroom #101 at 1133 hours, activated the system from the bedside and from the bathroom, and by 1139 hours it was concluded again that the four pagers were not registering calls from bedroom #101.

Following confirmation that the system could not be reconfigured on that day, the DOC developed and implemented a contingency plan related to bedroom #101 and resident #001. The DOC confirmed that resident #001 does use the system to make calls for assistance. The plan included fifteen minute checks for resident #001.

The licensee's compliance history related to the resident - staff communication system includes the compliance order referenced above, a written notification (WN #5) and a voluntary plan of correction (inspection #2015_286547_0025) related to lack of availability of the system in the front lobby sitting area, a written notification (WN #15) related to the poor repair of system activation cords in three resident bedrooms (inspection #2015_286547_0025), and a written notification (WN #1) related to a non functional pager, the poor repair of two system activation cords (bedside) and a missing bathroom activation cord (inspection #2015_346133_0040).

The licensee has failed to ensure that the resident – staff communication and response system in bedroom #101 can be easily accessed and used by residents, staff and visitors. [s. 17. (1) (a)]

Additional Required Actions:

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



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Loi de 2007 sur les foyers de
soins de longue durée**

Issued on this 6th day of May, 2016

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

Original report signed by the inspector.



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

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

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*

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*

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée
Inspection de soins de longue durée**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JESSICA LAPENSEE (133)

Inspection No. /

No de l'inspection : 2016_346133_0018

Log No. /

Registre no: 004592-16

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : May 6, 2016

Licensee /

Titulaire de permis : CVH (No.4) GP Inc. as general partner of CVH (No.4)
LP
766 Hespeler Road, Suite 301, c/o Southbridge Care
Homes Inc., CAMBRIDGE, ON, N3H-5L8

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

To CVH (No.4) GP Inc. as general partner of CVH (No.4) LP, 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

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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*

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

(b) is on at all times;

(c) allows calls to be cancelled only at the point of activation;

(d) is available at each bed, toilet, bath and shower location used by residents;

(e) is available in every area accessible by residents;

(f) clearly indicates when activated where the signal is coming from; and

(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Order / Ordre :

In order to comply with O. Reg. 79/10, s. 17 (1) (a) the licensee will ensure that the nursing pagers associated to the West hallway are connected to resident-staff communication and response system within bedroom #101.

The licensee will audit all bedrooms, bathrooms and all common areas to ensure that the nursing pagers associated to the area register calls from each location. This comprehensive audit is to be documented.

Alternately, the licensee will install a system that uses sound to alert staff to calls for assistance and will ensure that the system is properly calibrated so that the level of sounds is audible to staff. As well, the level of sound is to be equalized to be audible to staff but not excessive or unduly disruptive to residents. An audible system must be equally distributed in the areas that it covers.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 17 (1) (a) in that the licensee has failed to ensure that the home is equipped with a resident – staff communication and response system (the system) that can be easily accessed

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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*

and used by residents, staff and visitors at all times.

This finding of non-compliance is specific to bedroom #101.

On May 3rd, 2016, the Inspector worked with the home's Director of Care (DOC) to test pagers that are used by nursing staff. The pagers are connected to the system. As the system does not use sound alerts, the pagers are required to ensure direct notification to nursing staff when a call for assistance is made, by residents, staff or visitors. This follow up was conducted in relation to a compliance order (CO #001, inspection #2015_286547_0025) regarding a lack of functional pagers for nursing staff. To begin the testing process, the DOC collected the four pagers in use for the West care unit (#4 - #7), and the system was activated from within bedroom #101. The system was activated by pressing the red button at the end of the bed side activation cord. The testing period occurred between 1048 hours and 1103 hours. It was verified that none of the four pagers registered a call from bedroom #101. It was noted that the dome light outside of the bedroom did illuminate, and that the panel within the South hallway nurses' station did reflect an active call from bedroom #101. The Inspector and the DOC went on to other bedrooms and confirmed that the pagers were functional and registering calls from the testing locations. The Inspector, the DOC, and the RAI coordinator returned to bedroom #101 at 1133 hours, activated the system from the bedside and from the bathroom, and by 1139 hours it was concluded again that the four pagers were not registering calls from bedroom #101.

Following confirmation that the system could not be reconfigured on that day, the DOC developed and implemented a contingency plan related to bedroom #101 and resident #001. The DOC confirmed that resident #001 does use the system to make calls for assistance. The plan included fifteen minute checks for resident #001.

The licensee's compliance history related to the resident - staff communication system includes the compliance order referenced above, a written notification (WN #5) and a voluntary plan of correction (inspection #2015_286547_0025) related to lack of availability of the system in the front lobby sitting area, a written notification (WN #15) related to the poor repair of system activation cords in three resident bedrooms (inspection #2015_286547_0025), and a written notification (WN #1) related to a non functional pager, the poor repair of two system activation cords (bedside) and a missing bathroom activation cord



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de soins de longue durée*, L.O. 2007, chap. 8

(inspection #2015_346133_0040).

The licensee has failed to ensure that the resident – staff communication and response system in bedroom #101 can be easily accessed and used by residents, staff and visitors. (133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 06, 2016



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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
Long-Term Care Inspections 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
Long-Term Care Inspections 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.



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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
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e 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
Inspection de soins de longue durée
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.hsarb.on.ca.

Issued on this 6th day of May, 2016

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

**Name of Inspector /
Nom de l'inspecteur :** JESSICA LAPENSEE

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