

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

Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

Division des opérations relatives aux  
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  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

**Public Copy/Copie du rapport public**

---

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 1, 2020	2020_621755_0013	005731-20, 016654-20	Critical Incident System

---

**Licensee/Titulaire de permis**

CVH (No. 4) LP by its general partners, Southbridge Health Care GP Inc. and  
Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Care  
Homes Inc.)

766 Hespeler Road, Suite 301 c/o Southbridge Care Homes CAMBRIDGE ON N3H 5L8

---

**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**

MANON NIGHBOR (755), JOELLE TAILLEFER (211)

---

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

---

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): August, 20, 21, 24, 25, 26, 27, 28, 2020.**

**Two critical incident reports were related to falls. Logs #005731-20, #016654-20.**

**During the course of the inspection, the inspector(s) spoke with The Administrator, Acting Director of Care (DOC) , Registered Nurses (RNs) , Registered Practical Nurses (RPNs), Resident Assessment Instrument-Minimum Data Set Coordinator (RAI-MDS Coordinator), Dietary Aid, Physiotherapy Assistant, Personal Support Workers (PSWs), Activity Aid, residents and a family member.**

**The inspector reviewed resident's health care records, Fall Prevention Program and Pain Identification and Management Policies, observed the provision of care and resident's environment.**

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

**Falls Prevention**

**Hospitalization and Change in Condition**

**Pain**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
- (b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place a policy, the policy was complied with.

In accordance with O. Reg 79/10, s. 52. (2), the licensee shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Specifically, staff did not comply with the licensee's policy Rc-19-01-01 titled "Extendicare, Pain Identification and Management" indicated that all residents will also have a comprehensive pain assessment (Appendix 1) completed with any new pain as per the procedure contained within this policy.

Review of resident #003's Medication Record Administration (MAR) indicated that resident was ordered a specific medication by mouth every 2 hours as needed for pain since a specific date. The MARs indicated that the resident was administered the specific medication for pain, ten times for a specific month and six times for the following month. On a specific day, the progress notes written by staff #108 indicated that the specific medication administered at 1602 hours was ineffective and was re-administration at 2117 hours, had a fair effect.

The Assessment tab from a specific day, under Point Click Care for resident #003 indicated that the resident didn't received a pain evaluation using the comprehensive pain assessment (Appendix 1). In an interview with staff #104 stated when a resident experienced pain, the comprehensive pain assessment should be used.

The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place a policy, the policy “Pain Identification and Management” was complied with. [s. 8. (1) (b)]

2. In accordance with O. Reg 79/10, s. 52. (1) 1, the pain management program must, at a minimum, provide a communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

Specifically, staff did not comply with procedure under the licensee’s policy Rc-19-01-01 titled “Extendicare, Pain Identification and Management” indicating that the Pain Assessment in Advanced Dementia (PAINAD) scale is to be used to assess all non-verbal and cognitively-impaired residents (Appendix 2). Appendix 2 indicated that the SELF-REPORT SCALES and PAINAD are different and score from the Scales cannot be compared.

Review of resident #003’s health care records indicated a specific cognitive performance scale (CPS) level, secondary to a specific diagnosis. The resident #003’s Medication Record Administration (MAR) indicated that resident’s pain level was evaluated under a score range from 0 to 10 points. In an interview, staff #101 stated since resident #003 was cognitively impaired and was unable to communicate, staff #108 needed to use the PAINAD instead of the Self-Report Scale score range from 0 to 10 points.

The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place a procedure, the procedure “PAINAD Scale used to assess all non-verbal and cognitively-impaired resident” was complied with. [s. 8. (1) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place a policy, the policy was complied with, to be implemented voluntarily.***

**Issued on this 2nd day of September, 2020**

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

**Original report signed by the inspector.**