

**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

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<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>
Nov 19, 2021	2021_831211_0020	013238-21	Follow up

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**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

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

Manoir Marochel  
949 Montreal Road Ottawa ON K1K 0S6

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

JOELLE TAILLEFER (211)

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

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

This inspection was conducted on the following date(s): October 28, 2021, November 3, 4, 2021.

The follow-up inspection log #013238-21 was inspected related to CO #001 LTCHA s. 6. (7) regarding that the care set out in the plan of care for resident exhibiting responsive behaviors is provided to the resident as specified in the plan under inspection #2021\_831211\_0011.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Program Manager and a Resident Service Assistant (RSA).

The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Responsive Behaviours

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

- 1 WN(s)
- 0 VPC(s)
- 0 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
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2021_831211_0011		211

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

**Legend**

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

**Légende**

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.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence**

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

**Conditions of licence**

**s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.**

**Findings/Faits saillants :**

1. The licensee has failed to comply with the compliance due date for compliance order (CO) #001 issued in a month of 2021.

A compliance order (CO) #001 was issued in a month of 2021 under inspection report #2021\_813211\_0011 related to LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) that the care set out in the plan of care regarding responsive behaviors is provided to the resident as specified in the plan with a compliance due date in a month of 2021. There were 3 parts to the order. Part 1) Review and reassess the resident's plan of care related to responsive behaviors and update ineffective interventions to ensure the resident's identified needs are met. Part 2) Perform bi-weekly audits of the plan of care for at least 3 different residents to assess the effectiveness of the interventions aimed at addressing responsive behaviors. Part 3) Document the audit results as well as the strategies implemented to effectively manage identified responsive behaviors.

The order issued identified under part 2) to complete bi-weekly audits of the plan of care for at least 3 different residents to assess the effectiveness of the interventions aimed at addressing responsive behaviors was not completed.

The DOC reported that the process to review and reassess three different residents' plan of care to determine the effectiveness of the interventions aimed at addressing the resident's responsive behaviors and the strategies to effectively manage identified responsive behaviors were initiated, but the audit was not done on a bi-weekly basis and it was not fully implemented because they did not have a formalized audit tool.

However, the DOC did have documentation of three residents, who were exhibiting responsive behaviors, were being followed closely and their plan of care revised and updated. These residents' interventions were assessed, and strategies were implemented immediately to manage their responsive behaviors.

The Licensee's Regional Long-Term Care Consultant confirmed that an audit tool for responsive behaviors was not available at the time. However, an informal audit was completed. The care plan for residents who exhibited responsive behaviors were reviewed and updated on three consecutive months in 2021. The Licensee's Regional Long-Term Care Consultant stated they reviewed the resident's health care records and plans of care documented related to residents' responsive behaviors and their interventions.

As such, by not completing the bi-weekly audits prior to a date in 2021, related to assessing the effectiveness of the interventions aimed at addressing responsive behaviors, documenting the result and the strategies implemented to effectively manage identified responsive behaviors posed a potential risk to the residents as they were not formally monitored as ordered.

Sources: CO #2021\_813211\_0011; the licensee's compliance plan; interviews with the DOC and the LTC Consultant for Ottawa Region Homes. [s. 101. (3)]

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**Issued on this 29th day of November, 2021**

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

**Original report signed by the inspector.**