


Amended Public Report (A1)

Report Issue Date	October 28, 2022		
Inspection Number	2022_1352_0003		
Inspection Type			
<input type="checkbox"/> Critical Incident System	<input checked="" type="checkbox"/> Complaint	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Director Order Follow-up
<input type="checkbox"/> Proactive Inspection	<input type="checkbox"/> SAO Initiated		<input type="checkbox"/> Post-occupancy
<input type="checkbox"/> Other	_____		
Licensee	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.)		
Long-Term Care Home and City	Manoir Marochel 949 Montreal Road, Ottawa, ON, K1K0S6		
Lead Inspector	Inspector who Amended Digital Signature		
Joelle Taillefer (211)	Joelle Taillefer 		
	Digitally signed by Joelle Taillefer Date: 2022.10.28 11:26:33 -04'00'		

AMENDED INSPECTION REPORT SUMMARY

This inspection report was amended to remove information related to previously inspected and complied orders from the original report #2022_1352_0003 on September 30, 2022.

INSPECTION SUMMARY

The inspection occurred on the following date(s): August 17, 18, 19, 22, 23, 24, 25, 26, 30, 2022 (in-site) and August 29, 2022 (off-site).

The following intake(s) were inspected:

- Intake # 013834-22 (Complaint) related to Fall Prevention and Management, including mandatory inspections related to Infection Prevention and Control Program (IPAC), and Air temperature.

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

- Falls Prevention and Management

- Infection Prevention and Control (IPAC)
- Safe and Secure Home

WRITTEN NOTIFICATION – AIR TEMPERATURE

NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 24. (1)

The licensee has failed to ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

Review of the licensee “Indoor Air Temperature and Humidex Monitoring Record” sheets indicated that the home did not maintain at a minimum temperature of 22 degrees Celsius from May 15, 2022, to August 29, 2022, as followed:

1. During the morning, in various resident common areas, including some resident rooms in the home for 5 days in May 2022, 20 days in June 2022, 19 days in July 2022, and 15 days in August 2022.
2. Every afternoon between 12 p.m. and 5 p.m. in various resident common areas, including some resident rooms in the home for 6 days in May 2022, 11 days in June 2022, 12 days in July 2022, 18 days in August 2022.
3. During the evening or night in various resident common areas, including some resident rooms in the home for 12 days in May 2022, 19 days in June 2022, 12 days in July 2022, and 11 days in August 2022.

The Executive Director acknowledged that the staff members did document that several temperatures were below 22 degrees Celsius within the months of May, June, July, and August 2022, in the licensee “Indoor Air Temperature and Humidex Monitoring Record” sheets.

As such, the residents were potentially at risk to be uncomfortable when the temperature was not maintained at a minimum temperature of 22 degrees Celsius.

Sources: Review of the licensee “Indoor Air Temperature and Humidex Monitoring Record” sheets and interview with the Executive Director. [211]

WRITTEN NOTIFICATION – AIR TEMPERATURE

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 24. (2)

The licensee has failed to ensure that the temperature was measured and documented in writing at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

Rationale and Summary

Review of the licensee “Indoor Air Temperature and Humidex Monitoring Record” sheets from May 15, 2022, to August 29, 2022, indicated that staff members did not measure and document in writing the temperature in the following areas of the home:

1. At least two resident bedrooms in different parts of the home for 3 days in May 2022, 14 days in June 2022, 12 days in July 2022, and 8 days in August 2022.
2. In one resident common area on every floor of the home, which may include a lounge, dining area or corridor for 2 days in May 2022, 5 days in June 2022, 3 days in July 2022, and 3 days in August 2022.

The Executive Director acknowledged that the staff members did not measure and document several temperatures in the licensee “Indoor Air Temperature and Humidex Monitoring Record” sheets at least in two resident bedrooms in different parts of the home and in one resident common area within the months of May, June, July, and August 2022.

As such, the residents were potentially at risk to be uncomfortable when the temperature was not measured and documented in two resident bedrooms in different parts of the home and in one resident common area as indicated above.

Sources: Review of the licensee “Indoor Air Temperature and Humidex Monitoring Record” sheets and interview with the Executive Director. [211]

WRITTEN NOTIFICATION – AIR TEMPERATURE

NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 24. (3)

The licensee has failed to ensure that the temperature required to be measured under subsection (2) was documented as least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary

Review of the licensee “Indoor Air Temperature and Humidex Monitoring Record” sheets from May 15, 2022, to August 29, 2022, indicated that staff members did not measure and document in writing the temperature in the following times:

- At least once every morning for one day in May 2022, 6 days in June 2022, two days in July 2022, and 3 days in August 2022,
- At least once every afternoon between 12 p.m. and 5 p.m. for two days in May 2022, 9 days in June 2022, 10 days in July 2022 and, 3 days in August 2022.
- At least during the evening or night for one day in July 2022, and two days in August 2022.

The Executive Director acknowledged that the staff members did not measure and document several temperatures in the licensee “Indoor Air Temperature and Humidex Monitoring Record” sheets at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night within the months of May, June, July, and August 2022.

As such, the residents were potentially at risk to be uncomfortable when the temperature was not measured and documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night as indicated above.

Sources: Review of the licensee “Indoor Air Temperature and Humidex Monitoring Record” sheets and interview with the Executive Director. [211]

WRITTEN NOTIFICATION – PLAN OF CARE

NC#004 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s. 6. (9) 1.

The licensee has failed to ensure that the provision of the care set out in the plan of care was documented.

Review of a resident’s health care records indicated that the resident sustained a fall with no injury during a day in 2022. The intervention/task titled “Four Point Rounding” (4P’s plus comfort rounds), hourly rounds” in the Point of Care (POC), indicated that the hourly rounds were not documented on that day in 2022, during identified several hours.

The Clinical Nurse Manager stated that the “Four Point Rounding” in a resident’s POC has an hourly section that the staff members are required to document indicating that a

resident was supervised and assessed for pain, toileting, positioning and that they have their personnel items within reach, including the call bell, hourly.

A Staff Member acknowledged that the “Four Point Rounding” in the resident’s POC was not documented on a day in 2022, for several hours but the hourly rounds was performed.

As such, the resident’s hourly rounds were not documented as set out in the resident’s plan of care.

Sources: Resident’s health care records, interviews with a Staff Member and the Clinical Nurse Manager. [211]

WRITTEN NOTIFICATION – PLAN OF CARE

NC#005 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s. 6 (11) b

The licensee has failed to ensure when a resident’s plan of care was revised because care set out in the plan was not effective related to the resident several falls, the licensee shall ensure that different approaches are considered in the revision of the plan of care.

Review of the resident’s health care records indicated that the resident sustained several falls in their bedroom within 9 weeks period.

The licensee policy #RC-15-01-01 titled “Falls Prevention and Management Program” indicated under “Post Fall Management” to refer to Restorative Care Program, PT/OT (physiotherapy/occupational therapist) and other members of interdisciplinary team for follow up as appropriate.

The physiotherapist stated that there was no therapy referral for the resident related to the resident several falls during that period. As there was no therapy referral, the resident was not assessed by the physiotherapy therapy services.

As such, when the resident sustained several falls within 9 weeks period and the care set out in the plan was not effective, a post-fall assessment referral for physiotherapy was not considered as a different approach in the revision of the plan of care.

Sources: Review of the resident's health care records and their "Falls Prevention and Management Program". Interview with the Physiotherapist Assistant and the Physiotherapist. [211]

REVIEW/APEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

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 or AMP was served on the licensee.

The written request for review must include,

- (a) the portions of the order or AMP in respect of which the review is requested. Please include the inspection report # and the order or AMP #;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a

written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.