

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

Ottawa District  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

Report Issue Date: October 10, 2024

Inspection Number: 2024-1352-0003

Inspection Type:

Critical Incident

Follow up

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

Long Term Care Home and City: Manoir Marochel, Ottawa

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 1, 2, 3, 4, 7 and 8, 2024.

The following intake(s) were inspected:

- Intake: #00119685 was Follow up #: 1 to Compliance Order (CO) #001 issued in inspection #2024-1352-0002, related to O. Reg. 246/22, s. 48, with a Compliance Due Date (CDD) of August 30, 2024.
- Intake: #00119686 was Follow-up #: 1 to CO #002 issued in inspection #2024-1352-0002, related to O. Reg. 246/22, s. 93 (2) (b), with a CDD of August 7, 2024.
- Intake: #00122642 / Critical Incident System report 2867-000011-24 was related to an incident that caused an injury to a resident for which the resident was taken to a hospital and that resulted in a significant change in the resident's health condition.

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## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1352-0002 related to O. Reg. 246/22, s. 93 (2) (b).

The following previously issued Compliance Order(s) were found NOT to be in compliance:

Order #001 from Inspection #2024-1352-0002 related to O. Reg. 246/22, s. 48.

The following Inspection Protocols were used during this inspection:

- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of Care

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

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

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

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The licensee has failed to ensure that the written plan of care set out clear directions to staff and others who provided direct care to residents with regards to the use of a folded sheet on top of the fitted sheet on their beds, and with regards to the use of a slider sheet for a resident.

Sources: Review of residents' health care records and interview with the Interim Director of Nursing and Personal Care.

## WRITTEN NOTIFICATION: Conditions of Licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with Compliance Order #001 from inspection #2024-1352-0002, related to O. Reg. 246/22, s. 48, served on June 25, 2024, with a Compliance Due Date of August 30, 2024.

The required rewash and discard process for worn and/or stained linens, cloths and towels and the weekly audits of every resident bedroom, on alternating shifts, were not fully implemented. Stained and/or worn/frayed linens were observed on the beds of multiple residents. The weekly audits of every resident bedroom were conducted on the day and evening shifts only. The audits did not ensure that the resident had, for example, the required linen items, such as the appropriately sized fitted sheet, top sheet, blanket(s) and pillowcase(s); that residents who required the use slide sheets for repositioning had them; that residents who required the use of incontinence pads had them; that residents who needed them had convenient

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access to a face cloth and hand towel, and that these items were clean.

Sources: Observations, the Discard and Rewash Policy and Procedure, a Linen Discard Form, Inventory Worksheets and interview with the Interim Administrator.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

### NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021  
Notice of Administrative Monetary Penalty AMP #001  
Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

#### Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

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Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

## WRITTEN NOTIFICATION: Laundry Service

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

Non-compliance with: O. Reg. 246/22, s. 95 (1) (a) (i)

Laundry service

s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(a) procedures are developed and implemented to ensure that,

(i) residents' linens are changed at least once a week and more often as needed,

The licensee has failed to ensure that procedures were implemented to ensure that residents' linens were changed at least once a week and more often as need, for multiple residents when their beds were observed to have not been made completely as they were missing a top sheet or a blanket, and several sheets were visibly soiled or had a lingering offensive odour.

Sources: Observations and interview with the Interim Administrator.