

**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

## Public Report

**Report Issue Date:** April 30, 2025

**Inspection Number:** 2025-1352-0001

**Inspection Type:**

Complaint

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): March 27, 28, 31, 2025 and April 1-4, 7, 8, 10, 11, 15, 2025

The following Follow-Up (FU) Compliance Order (CO) intake was inspected:

- Intake: #00111955 / FU #1 to CO #003 from inspection #2024-1352-0001 related to Accommodation Services issued March 21, 2024, with an original compliance due date (CDD) of June 18, 2024 and a final CDD of February 28, 2025

The following Critical Incident (CI) intakes were inspected:

- Intake: #00135829/CI #2867-000023-24, Intake: #00142227 / CI #2867-000007-25 related to respiratory outbreaks
- Intake: #00136066/CI #2867-000001-25 related to improper treatment or care of a resident
- Intake: #00137486/CI #2867-000004-25, intake: #00143223/CI #2867-000009-25 related to resident to resident physical/verbal abuse
- Intake: #00140395/CI #2867-000006-25 related to a resident fall with fracture

**Ministry of Long-Term Care**

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- Intake: #00142401/CI#2867-000008-25 related to an alleged staff to resident abuse

The following Complaint intake was inspected:

- Intake: #00139437 related to concerns of resident abuse, care planning and personal belongings.

## Previously Issued Compliance Order(s)

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

Order #003 from Inspection #2024-1352-0001 related to FLTCA, 2021, s. 19 (2) (c)

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

Resident Care and Support Services  
Housekeeping, Laundry and Maintenance Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Staffing, Training and Care Standards  
Reporting and Complaints  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Bedtime and rest routines

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

#### Non-compliance with: FLTCA, 2021, s. 6 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on

**Ministry of Long-Term Care**

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Long-Term Care Inspections Branch

**Ottawa District**

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an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that the care set out in a residents' plan of care was based on their needs and preferences for morning waking and bed transferring times.

**Sources:** Resident health care record. Inspector's observation. Interviews with resident and PSW.

**WRITTEN NOTIFICATION: Plan of care**

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan for safety.

On two separate inspector observations, the resident's plan of care was not followed for safety care.

The Director of Care (DOC) stated that the expectation was for staff to follow the resident's plan of care.

**Sources:** Inspector's observations, resident plan of care review , DOC interview.

**WRITTEN NOTIFICATION: Continence care and bowel management**

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

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (e)**

**Ministry of Long-Term Care**

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

**Ottawa District**

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Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

The licensee has failed to ensure that continence care products were not used as an alternative to providing toileting assistance to a resident as per plan of care.

**Sources:** Resident minimum Data Set (MDS), plan of care, continence assessment, and wound assessment. Interviews with PSWs and Executive Director (ED).

**WRITTEN NOTIFICATION: Accommodation services**

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

**Non-compliance with: O. Reg. 246/22, s. 96 (2) (b)**

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

The licensee has failed to implement procedures to ensure that the Arjo Carendo Multi-Purpose Hygiene Shower Chair in the home was kept in good repair.

The Arjo Carendo Multi-Purpose Hygiene Shower Chair in the South side shower room was not reclining. A PSW stated that it was brought to the DOC's attention two weeks prior this inspection.

**Sources:** Inspector observation and PSW interviews

**WRITTEN NOTIFICATION: Ventilation Systems - Maintenance**

**Ministry of Long-Term Care**

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

**Ottawa District**

347 Preston Street, Suite 410  
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## Program

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

**Non-compliance with: O. Reg. 246/22, s. 96 (2) (c)**

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;

The licensee failed to ensure that procedures were developed and implemented to ensure that ventilation systems were in a good state of repair.

On a specific date, the Inspector reported to the Administrator and to the Regional Director, that the exhaust system in the basement bathroom was not functional. There was a noted build up of offensive odors in the bathroom. This bathroom was observed to be used by residents on occasion, when in the basement to attend the chapel or to receive therapy. The Inspector was told that the home's contractor for the ventilation system would be contacted.

On a specific date, the Inspector noted that the exhaust system in the basement bathroom was still not functional. The Administrator indicated that the home's contractor for the ventilation system had not been contacted. The exhaust system was repaired by the Environmental Consultant (EC) the next day.

Six days later, the Inspector noted that the exhaust system in the West spa room bathtub area was not functional. The Inspector informed the Administrator and EC of this concern the following day.

**Sources:** Observation of the ventilation system in the basement bathroom and the

**Ministry of Long-Term Care**

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

**Ottawa District**

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West bathtub room; Interviews with the Administrator and Southbridge EC.

## **WRITTEN NOTIFICATION: Plumbing Fixtures - Maintenance Program**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 96 (2) (d)**

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;

The licensee failed to ensure that procedures were developed to ensure that all plumbing fixtures were maintained. Specifically, the master mixing valve (MMV) for the home's water supply was not maintained.

On several occasions, the Inspector reported water temperatures in excess of 49 C. An external plumber determined that the cold water feed to the master mixing valve (MMV) for the home's water supply had been turned off. When it was turned back on, the plumber noted that the MMV was leaking. For safety reasons, the cold water feed was left on despite the leak at the MMV.

The Administrator and the Southbridge Environmental Consultant (SEC) confirmed that there was no preventive maintenance procedure in place to ensure that the MMV and associated components such as the levers that control the hot and cold water feeds were maintained.

**Sources:** Observation of water temperatures at the south wing bathtub and resident bedrooms; Observation of the master mixing valve in the mechanical room; Interviews with the Administrator, SEC and the plumber.

**Ministry of Long-Term Care**

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

**Ottawa District**

347 Preston Street, Suite 410  
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**WRITTEN NOTIFICATION: Water Temperatures Above 49  
degrees Celsius - Maintenance Program**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 96 (2) (g)**

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;

The licensee failed to ensure that procedures were developed and implemented to ensure that the temperature of the water serving all bathtubs, showers and hand basins used by residents did not exceed 49 degrees Celsius (C), and was controlled by a device, inaccessible to residents, that regulated the temperature.

On a specific date, the temperature of the water serving the south bathtub exceeded 49 C (peak of 55 C). In one resident room, the temperature of the water serving the hand basin exceeded 49 C (peak of 51.6 C). A plumber was called in and the bathtub temperature controls were reset. Later that day the temperature of the water serving the south bathtub exceeded 49 C again (peak of 55 C). As well, the temperature of the water serving three other residents' hand basins exceeded 49 C (one room peak of 56 C, one room peak of 55 C and one room peak of 55 C).

The plumber had informed the Inspector they had determined that the home's water supply had been in excess of 49 C because the cold water feed to the home's master mixing valve (MMV) had been turned off. When the plumber turned the cold water supply back on, they had observed that the MMV was leaking. For safety reasons, the cold water supply was left on despite the leak at the MMV.

**Ministry of Long-Term Care**

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

**Ottawa District**

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On a specific date, the Administrator and Southbridge Environmental Consultant (SEC) had confirmed that there was no preventive maintenance measures in place for the mixing valve and associated components such as the levers that control the hot and cold water feeds to the MMV.

Two days later, the temperature of the water serving the south bathtub exceeded 49 C (peak of 52 C). Several hours after the SEC had made adjustments at the MMV, elevated water temperatures were observed again. The temperature of the water serving a resident's hand basin exceeded 49 C (peak of 50.9 C).

**Sources:** Observation of water temperatures at the South wing bathtub and resident bedrooms; Interviews with the Administrator, SEC and the plumber

**WRITTEN NOTIFICATION: Reports re critical incidents**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 115 (2)**

Reports re critical incidents

s. 115 (2) Where a licensee is required to make a report immediately under subsection (1) and it is after normal business hours, the licensee shall make the report using the Ministry's method for after hours emergency contact. O. Reg. 246/22, s. 115 (2).

The licensee has failed to ensure that the Ministry's after-hours reporting method was utilized for a resident to resident abuse incident.

The Director of Care acknowledged and confirmed that the Ministry's after hours line had not been called for an incident of resident to resident abuse

**Sources:** Director of Care interview



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

**Ottawa District**

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**WRITTEN NOTIFICATION: Director of Nursing and Personal Care**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 250 (3) (a)**

Director of Nursing and Personal Care

s. 250 (3) The licensee shall ensure that everyone hired as a Director of Nursing and Personal Care,

(a) has at least one year of experience working as a registered nurse in the long-term care sector;

The licensee has failed to ensure that the Director of Nursing and Personal Care / Director of Care (DOC) for the Long term-care home had at least one year of experience working as a registered nurse in the long-term care sector.

The Administrator had stated that the newly appointed DOC came from the retirement sector and did not have the required working experience as a registered nurse in the long term-care sector.

**Sources:** Administrator interview

**WRITTEN NOTIFICATION: Director of Nursing and Personal Care**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 250 (3) (b)**

Director of Nursing and Personal Care

s. 250 (3) The licensee shall ensure that everyone hired as a Director of Nursing and Personal Care,

(b) has at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting; and

The licensee has failed to ensure that the Director of Nursing and Personal Care / Director of Care (DOC) for the long term-care home had at least three years of experience working as a registered nurse in a managerial or supervisory capacity in

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

**Ottawa District**

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a health care setting.

During an interview, the Administrator had stated that the newly appointed DOC had only one year of experience in a supervisory capacity in a health care setting.

**Sources:** Administrator interview

**COMPLIANCE ORDER CO #001 Accommodation services**

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 19 (2) (a)**

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary;

**The inspector is ordering the licensee to comply with a Compliance Order  
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

A) Immediately upon receipt of this Compliance Order (CO), begin planning for additional resources as needed to resolve all identified areas of concern in the grounds that support this CO including cleaning of bathrooms walls and doors, toilet paper dispensers, bedroom closet doors, bathroom exhaust vents, and privacy curtains.

B) Within one week of receiving this CO, clean all identified areas of concerns including bathrooms walls and doors, toilet paper dispensers, bathroom exhaust vents, bedroom closet doors, and privacy curtains. Ensure that this process also addresses dirty medical equipment such as urinals, ensuring they are kept and stored in a clean and sanitary manner.

C) Within two weeks of receiving this CO, provide in person training for all staff in the

**Ministry of Long-Term Care**

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

**Ottawa District**

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home with responsibility for ensuring that the home, furnishings and equipment is maintained in a clean and sanitary manner. Review expectations and procedures to be followed for the routine cleaning of all items and surfaces in the home. Retain documentation to support that the training occurred and the procedures and expectations are understood.

D) Ensure that once item (B) is completed, a detailed audit process is implemented whereby all bedrooms and all common areas are inspected at least once a week to ensure all items and surfaces are kept in a clean and sanitary manner. Include specific direction for the auditor on the form such as to observe the lower walls around the toilets, under towel bars and around garbage cans, around sinks, exhaust vents, both sides of every privacy curtain from one end to another, etc. The audit forms must include the name of the person that conducted the audit, which must be a member of the home's management team or consultants/managers for the licensees such as the Environmental Consultant and the Regional Director. Ensure the audit form includes space on which to document any follow up corrective actions that are required. Continue this weekly audit process until such time that the Ministry determines the CO has been complied with.

E) Develop and implement a written procedure related to the routine cleaning, disinfecting and storage of medical equipment such as urinals and nuns collection caps to ensure that such equipment in use is kept and stored in a clean and sanitary manner. Provide in person education to all staff in the home with related responsibility and retain documentation to support that the training occurred and the procedure is understood.

F) Implement a weekly audit process whereby all bedrooms where medical equipment such as urinals and nuns collection caps are in use to ensure the item and the environment is kept in a clean and sanitary manner. This may be added to the required audit process described in item (D). Continue this weekly audit process until such time that the Ministry determines the CO has been complied with.

**Ministry of Long-Term Care**

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

**Ottawa District**

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G) Remove the accumulated sticky matter from bathrooms floors and implement a solution to ensure that the floor glue will no longer emerge from beneath the floor tiles or install a new type of flooring that will not be affected in this way.

H) Review the written housekeeping program and ensure compliance with Ontario Regulation 246/22, s. 34 (1), s. 93, and the Fixing Long- Term Care Act, s. 19. Update the program as required, implement any updates and provide staff with related responsibilities with orientation and training.

I) All required actions from A-I are to be documented and documentation is to be retained until such time that the Ministry determines this CO has been complied with.

**Grounds**

The licensee failed to ensure that the home was kept clean and sanitary.

The Inspector observed a trend in twenty resident bedrooms whereby lower walls in bathrooms were dirty; such as around toilets, sinks, under towel dispensers, around garbage cans, and under counters that were dirty with accumulated spots of dried matter. Bathroom doors and door frames were also dirty.

In seven of the observed bedrooms, there was a heavy accumulation of matter on the underside of bathroom sinks.

In another seven of the observed bedroom bathrooms, there was dried matter on the underside of the toilet paper dispenser.

In three of the observed bedroom bathrooms, a shower room and a spa room bathroom, the exhaust vents were dirty with a heavy accumulation of dust.

**Ministry of Long-Term Care**

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

**Ottawa District**

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Ottawa, ON, K1S 3J4  
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In six of the observed bedrooms where bathroom floors had been replaced, the floors were dirty with accumulating sticky matter that was identified by the Administrator as floor glue. In one of these bathrooms, there was also a large patch of sticky dark matter accumulated on the base of the toilet which was also identified as floor glue.

In one of the observed bedrooms, there was a stack of specimen collection devices on the counter. The top three were dirty with dried matter.

In one of the observed bedrooms, there was a stained and odorous urinal labelled with the residents' name and dated almost a year ago on the bathroom counter. Six days later the stained and odorous urinal was observed on the bathroom counter amongst various towels and washcloths, one of which was stained yellow.

In four of the observed bedrooms and in the South bathtub room, privacy curtains (PCs) were dirty with areas of dried matter .

In the South hall, the staff bathroom walls were dirty with accumulated dried matter as was the left side of the base of the toilet.

The Administrator and Regional Director indicated that additional cleaning hours had been assigned to housekeeping staff and concerns related to cleanliness had been addressed. The Inspector proceeded to conduct return observations and found that the previous concerns observed remained with the exception of the accumulated dark matter on the underside of resident sinks which had been cleaned.

A resident indicated that they could not understand why the walls in their bedroom had been painted but the closet and bathroom doors were not. The resident indicated the doors were dirty. In relation to the accumulated areas of sticky matter on their bathroom floor, the resident indicated they were displeased and felt the

**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  
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floor was dirty. A week later, the Inspector met the resident again and observed that the closet and bathroom doors had not been cleaned nor had the bathroom floor or walls.

The Administrator and Regional Director had explained that the licensee had a daily documented audit process (the Management By Walking Around Audit) that included a section for "Housekeeping/ Environmental". Within that section, it was to be verified daily that all resident bedrooms and bathrooms were clean. The Inspector was informed that since The beginning of 2025, the daily Housekeeping/Environmental Audit had been completed twice.

**Sources:** Observations in resident bedrooms; Interviews with the Administrator, the Regional Director and a resident.

**This order must be complied with by** July 21, 2025

**COMPLIANCE ORDER CO #002 General requirements**

NC #012 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.****General requirements**

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

**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

**The inspector is ordering the licensee to comply with a Compliance Order  
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

A) Upon receipt of this Compliance Order (CO), support the person in place at the home as the designated lead for the maintenance program to immediately review all existing policies and procedures of the maintenance program.

B) Within two weeks of receiving this CO, ensure that the all existing policies and procedures are implemented, including the use of the Maintenance Care program.

C) Upon receipt of this CO, begin a process of reviewing and updating the written maintenance program to ensure that it provides for schedules and procedures for routine, preventive and remedial maintenance, and addresses all requirements prescribed under Ontario Regulation 246/22, s. 96, Ontario Regulation 246/22, s. 12 to s. 26, and the Fixing - Long Term Care Act, 2021, s. 19 (2) (c). As well, ensure the program provides for compliance with all requirements specified under Ontario Regulation 246/22, s. 34.

D) Ensure that the home's maintenance procedures are home- specific including but not limited to all aspects of the building, furnishings, equipment and operational systems as per Ontario Regulation 246/22, s. 96.

E) Implement the new written maintenance program once developed. Provide in person orientation, training and ongoing support for any staff in the home with responsibilities related to the maintenance program. Tailor the training to the staff members' responsibilities.

F) Ensure that documentation to support item (E) includes the date and time the

**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

training occurred, the name of the person(s) who provided the training, and the training methods which must include:

1. A comprehensive overview of the computerized maintenance program with demonstration of key features and functionalities as relevant to the staff members' responsibilities.
2. Hands on practice sessions for trainees using the computerized maintenance program.
3. Assessment of each staff members' proficiency in using the program with demonstrated ability to navigate and utilize the program to the trainer's satisfaction

G) All required actions in this CO are to be documented and documentation retained until the Ministry deems this CO to be complied with.

**Grounds**

1. The licensee failed to ensure compliance with requirements of the organized program of maintenance services, under section 19 of the Act, that included a written description of the program with relevant policies and procedures.

The licensee's written maintenance program did not include written procedures for the maintenance services requirements prescribed under O. Reg. 246/22, s. 96 (2) (a), (b), (c), (d), (e), (f), (g), (h) and (i).

Over the course of the inspection, non compliance was observed in relation to:

- a malfunctioning shower chair that would not recline,
- the exhaust system in a bathroom and in a tub room which did function,



**Ministry of Long-Term Care**

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

**Ottawa District**

347 Preston Street, Suite 410  
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- a plumbing fixture (the master mixing valve (MMV) for the home's water supply) that was leaking,
- water temperatures that exceeded 49 degrees Celsius as the cold water feed had been turned off to the MMV
- water temperatures that were not maintained at a minimum temperature of at least 40 degrees Celsius due to a water crossover in the utility rooms and a malfunctioning dishwasher.

2. The licensee failed to ensure that written policies and procedures that were included in the description of the maintenance program were complied with, in accordance with Ontario Regulation 246/22, s. 11 (1) (b).

A) The licensee failed to comply with the following policy: "Preventative Maintenance, MN-01-01, created December 2024" which, for example, included a procedure that required the ED to oversee the implementation and effectiveness of the preventive maintenance program, and to review and approve an annual maintenance plan. The policy included, for example, a procedure which required the ESM/designate to develop and manage a preventive maintenance plan. The procedures were not complied with.

B) The licensee failed to comply with the following policy: "On Demand/Corrective Maintenance, MN-01-02, created December 2024", which required staff to utilize the Maintenance Care software to schedule, track and document all on demand/corrective maintenance required and performed in the home. This was not complied with as the Maintenance Care program had not been implemented.

**Ministry of Long-Term Care**

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

**Ottawa District**

347 Preston Street, Suite 410  
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C) The licensee failed to comply with the following policy: "Maintenance Department Goals and Objectives, MN-01-03, created December 2024" which, for example, included a procedure that required the ED/designate to oversee the implementation of a maintenance program and ensure it aligns with organizational goals and legislative requirements, and, a procedure that required the ESM/designate created maintenance schedules for preventive maintenance. Neither procedure was complied with.

D) The licensee failed to comply with the following policy: "Maintenance Care, MN-01-04, created December 2024" which, for example, included a procedure that required the ED/designate to ensure oversight and accountability in relation to the use of the Maintenance Care System, and, a procedure that required the ESM/designate be responsible for the implementation of the Maintenance Care System. Neither procedure had been complied with.

E) The licensee failed to comply with the following procedure: "Standard Operating Procedure: Emergency Generator Inspection" as was made available for the Inspector's review on April 8, 2025. The procedure required daily/weekly, monthly/quarterly preventive maintenance tasks which had not been complied with.

At the time of the inspection, no staff in the home were in a position to complete preventive maintenance tasks. The Administrator was designated as the home's Environmental Services Manager (ESM). The former ESM that oversaw maintenance services left the home in the summer of 2024.

**Ministry of Long-Term Care**

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

**Ottawa District**

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**Sources**

: Review of the Southbridge Maintenance program, Interviews with the Administrator and the Southbridge Environmental Consultant

**This order must be complied with by**

July 21, 2025

**COMPLIANCE ORDER CO #003 Water Temperature -  
Maintenance Services**

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 96 (2) (i)**

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

**Ministry of Long-Term Care**

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

**Ottawa District**

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The licensee shall:

A) Immediately upon receipt of this Compliance Order (CO), ensure the continuation of the enhanced water temperature monitoring program that was put into place by the Regional Director (a.k.a. "temperature Monitoring SOP") whereby registered staff monitor water temperatures in designated locations at designated times, in order for the licensee to gather information about temperature trends in peak and non peak periods. As per the SOP, to take the temperature, the water is to run for one full minute and then the temperature will be observed for five minutes. The temperature will be documented at every one minute interval.

B) Within one week of receiving this CO, develop and implement a home specific procedure to ensure that the temperature of the hot water serving all bathtubs, all showers, and any other location from which water is taken with which to bathe residents can be maintained at a temperature of at least 40 degrees Celsius. Ensure the procedure includes daily monitoring of the water system at the source by the designated lead for the maintenance program and if there is none, by a representative of the licensee such as the Regional Director or the Environmental Consultant. Ensure the procedure includes preventive maintenance tasks that will be incorporated into a preventive maintenance schedule.

C) Immediately ensure that where residents may decline to be bathed in a bathtub or shower due to concern about water temperatures, there is documented follow up by the Administrator or Director of Care to support that the resident' has been bathed by the method of their choosing by the next day or as soon as is possible should there be lingering water temperature issues.

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D) Implement a structural solution to address the identified water crossover issue in the utility rooms, such as providing a dedicated cold water line for the chemical feeds or removing the handle for the hot water taps.

E) Investigate structural solutions for the dishwasher to ensure the flap can not remain open and drain the home's hot water supply. If there is no solution, then include within the procedure referenced within item (B) a shift by shift requirement whereby a dietary staff person must verify the flap is not stuck and must sign off they have done so.

Include within the procedure, at a minimum, a weekly documented audit process whereby a manager will verify that the shift by shift verification process is being adhered to.

F) All actions required by this CO must be documented and documentation is to be retained until such time that the Ministry deems that this CO has been complied with.

**Grounds**

The licensee failed to ensure that procedures are implemented to ensure that the temperature of the hot water serving the South unit bathtub and shower was maintained at a temperature of at least 40 degrees Celsius (C).

On a specific date, the hot water serving the south bathtub only reached 28 C.

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The following day, the hot water serving the south bathtub reached 42 C, went down to 28 C, and then back up to settle at 33 C.

A PSW indicated that by midmorning there was no hot water and as a result, they had to provide a bed bath using cold water. A resident indicated that they could not have a their shower because of the lack of hot water.

The Administrator explained that the lack of hot water had been a result of a utility room problem in a whereby a cold water tap had been left on. The Southbridge Environmental Consultant (SEC) explained that there was a water cross over issue.

A resident indicated that they had not been able to have their shower on another day because there had no hot water available again.

The Administrator explained that the lack of hot water again, was a result of a problem with the dishwasher whereby a valve was stuck in an open position and this had drained the hot water supply.

The Inspector was informed by the Administrator that a backflow problem on the South side of the building had been identified. The Inspector later observed water running at only one of the three identified taps. The water serving the South bathtub reached 40 C momentarily. Two PSWs had informed the Inspector that morning care had been provided to residents that day with cold water.

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The SEC explained that it had been determined that the lack of hot water the previous day was again related to the cross over issue in the utility rooms.

**Sources**

: Observation of water temperatures at the South wing bathtub; Interviews with the Administrator, SEC, the plumber,, three residents and two PSWs.

**This order must be complied with by**

May 30, 2025

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## REVIEW/APPEAL 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;
- (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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)



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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) 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:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) 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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).