Ontario

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: September 16, 2025
Inspection Number: 2025-1352-0002
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): August 14, 15, 18- 22, 25-29, 2025 and September 4, 5, 8, 9, 10, 2025.

The following Follow-Up (FU) Compliance Order (CO) intake was inspected:
-Intake #00146345 / FU #1 to CO 003 from inspection #2025-1352-0001 related to Water Temperature - Maintenance Services issued April 30, 2025 with a final CDD extended to June 30, 2025.
-Intake: #00146346/FU #1 to CO 002 from inspection #2025-1352-0001 related to General requirements issued April 30, 2025 with a final CDD of July 21,2025.

The following Critical Incident (CI) intakes were inspected:
-Intake: #00144551/ CI#2867-000012-25 related to improper treatment or care of resident by staff.
-Intake: #00148027 / CI#2867-000018-25 - related to an incident with unknown cause resulting in an injury to resident.
-Intake: #00149106 / CI# 2867-000019-25 related to improper treatment or care

of resident by staff.
-Intake: #00149458 / CI# 2867-000020-25 related to improper treatment or care of resident by staff.
-Intake: #00152600 / CI# 2867-000024-25-related to a missing resident for an hour without injury.
-Intake: #00156478 / CI# 2867-000031-25 related to a missing resident for over 3 hours, without injury.

The following Complaint intake was inspected:
-Intake:#00146934 related to concerns with care, staffing and housekeeping for a resident.
-Intake: #00154789 /CI# 2025-0001163 related to a bed refusal for resident.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #003 from Inspection #2025-1352-0001 related to O. Reg. 246/22, s. 96 (2) (i)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:
Order #002 from Inspection #2025-1352-0001 related to O. Reg. 246/22, s. 34 (1) 1.

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

Resident Care and Support Services
Continence Care
Housekeeping, Laundry and Maintenance Services
Medication Management

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Safe and Secure Home
Responsive Behaviours
Reporting and Complaints
Admission, Absences and Discharge

INSPECTION RESULTS

WRITTEN NOTIFICATION: Licensee consideration and approval

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 51 (7) (b)
Authorization for admission to a home
s. 51 (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 50 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,
(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

The licensee has failed to comply with FTLCA section s. 51 (7) b whereby the licensee refused an applicant admission to the home based on reasons that are not as per the legislation.

Specifically, that the home did not have the nursing expertise to support the applicant's care requirement regarding their specified responsive behaviour.

Sources: Review of the written response template and response for applicant;

interview with Director of Care (DOC).

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 (CO) from previous inspection served in April 2025, with a compliance due date for July, 2025. As was required by item C of the CO, a process to update the written maintenance program to ensure it included all relevant procedures did not occur.

The licensee utilizes an automated system to schedule maintenance tasks. They indicated that their maintenance documentation, along with associated policies, represents the full scope of their written maintenance program. However, upon review, it was noted that many scheduled tasks lacked corresponding written procedures for staff to follow. The documentation did not consistently demonstrate a standardized approach to maintenance practices, as required by applicable legislation.

Additionally, several policies lacked sufficient detail or contained internal inconsistencies. In some cases, timelines outlined in the policies did not align with those in the automated scheduling system.
For example, one policy related to a maintenance tasked included conflicting instructions—one section required quarterly operational tests, while another specified monthly tests. Meanwhile, the automated schedule indicated weekly

testing. Another scheduled task referenced a specification for semi-annual requirements, but no further information or supporting documentation was provided to clarify those requirements.

Sources: Review of the Southbridge Maintenance program policies, Interview with Reginal Manager (RM),Interview with Policy manager and Environmental Service Manager (ESM).

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:
In the past 36 months, a CO under O.Reg 246/22 s.34 (1) (1) was issued in April 30,

2025, and was not complied.

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.
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: Bathing

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 37 (1)
Bathing
s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident’s hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that a resident was bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident’s hygiene requirements, unless contraindicated by a medical condition.

The resident reported they often miss their baths. Resident health records indicated multiple missed bath incidents over a three month period reviewed.

Sources: Interviews with the resident and the Director of Care; review of resident health care records.

The licensee has failed to ensure that a resident was bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

A resident did not receive their bath for two occasions in a period of time reviewed as required.

Sources: Interviews of resident's and the Director of Care; resident health care records reviewed.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee has failed to ensure that a resident, who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that their plan was implemented.

A resident's plan of care for continence indicated they often required significant

assistance from PSW staff for toileting. The resident indicated they were not able to provide their own care. A PSW indicated that the resident was independent and did not require assistance from PSW staff for toileting. The resident health records documentation indicated the resident did not receive assistance for toileting as required over a period reviewed.

Sources: Interviews with the resident and staff, resident health care records reviewed.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (f)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

The licensee has failed to ensure that there was a range of continence care products available and accessible to a resident and staff at all times, and in sufficient quantities for all required changes.

A resident plan of care indicated they required briefs for continence care that were not provided by the home and purchased privately by the resident. An RPN indicated they did not deliver these briefs to the resident. The RPN indicated they did not have any briefs for the resident in the home and required to be ordered.

Sources: Observations of the resident room, nursing brief storage areas; interviews

with resident, their family, and RPN; review of resident health care records.

WRITTEN NOTIFICATION: Approval by licensee

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 179 (3) 2.
Approval by licensee
s. 179 (3) Subject to subsections (4) and (5), the licensee shall, within five business days after receiving the request mentioned in clause (1) (b), do one of the following:
2. If the licensee is withholding approval for the applicant's admission, give the written notice required under subsection 51 (9) of the Act to the persons mentioned in subsection 51 (10) of the Act.

The licensee has failed to ensure that within five business days after receiving the request for the licensee to determine whether to give or withhold approval for the applicant's admission to the home, give their written notice required under subsection 51 (9) of the Act to the persons mentioned in subsection 51 (10) of the Act.

An applicant's request for authorization for admission to the home on a specific date, did not receive their written notice to withhold approval until 40 days later.

Sources: Review Health Partner Gateway dates; interview with Director of Care.

COMPLIANCE ORDER CO #001 Maintenance Services

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall develop and implement a plan that will ensure that the temperature of the water serving all hand basins used by residents does not exceeds 49 degrees Celsius (˚C).

The plan must include but is not limited to:
A) Immediate implementation of an enhanced water temperature monitoring program at handbasins in resident bedrooms. Randomize the selection of residents' rooms tested per shift. Vary the testing times in accordance with information gathered as to periods of unsafe temperatures. Ensure that all resident handbasins are tested at least once within every 7-calendar day cycle.

B) A process to document all instances of water temperature measured above 49˚C including the date and time of the incident, location of the hand basin, immediate measures taken to ensure resident safety, corrective actions taken, initials of all staff members involved.

C) Investigation into and implementation of long-term corrective action that does not rely solely on monitoring and continual adjustments of water temperatures at the source given that such a process was in place at the time of the inspection and did not result in water temperatures within a safe range.

D) 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 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.

Specifically, in August 2025, water temperatures exceeding 49°C were recorded at multiple residents' hand basins, surpassing the acceptable threshold.

Sources: Observations of water temperatures of hand basins in residents room in the south unit and west unit, interviews with the Administrator, Environmental Service Consultant and Environmental Service Manager .

This order must be complied with by October 20, 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, 8th floor
Toronto, ON, M7A 1N3

e-mail: MLTC.AppealsCoordinator@ontario.ca

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, 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
e-mail: 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.