

**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**

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| <b>Report Issue Date:</b> March 9, 2026                                |
| <b>Inspection Number:</b> 2026-1201-0001                               |
| <b>Inspection Type:</b><br>Complaint<br>Critical Incident              |
| <b>Licensee:</b> Marianhill Inc.                                       |
| <b>Long Term Care Home and City:</b> Marianhill Nursing Home, Pembroke |

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): February 2, 3, 4, 5, 6, 9, 10, 11, 12, 2026  
 The inspection occurred offsite on the following date(s): February 13, 2026  
 The following intake(s) were inspected:  
 Intake: #00163574 - Significant injury to a resident. Etiology unknown.  
 Intake: #00165083 - Respiratory Outbreak  
 Intake: #00165082 - Respiratory Outbreak  
 Intake: #00167350 - Complaint with concerns related to soaker pads being removed.  
 Intake: #00167485 -Complaint with concerns regarding a refusal to send a referral.  
 Intake: #00167754 -Unexpected death of a resident following a fall resulting in injury.  
 Intake: #00168876 -Complaint with concerns regarding neglect of a resident.

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

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Skin and Wound Prevention and Management  
Contenance Care  
Food, Nutrition and Hydration  
Infection Prevention and Control  
Residents' Rights and Choices  
Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 77 (4) (a)**

Menu planning

s. 77 (4) The licensee shall ensure that each resident is offered a minimum of,  
(a) three meals daily;

During the breakfast meal on a specific day in February, 2026, inspector observed several residents were not provided a breakfast meal until after an hour of sitting waiting at their table. A resident was not offered any food or extra beverages from the time they entered the dining room at approximately 0800 hours until inspector observed a dietary aide leaving and advised them that a resident had not been offered any food. They proceeded to get a plate and asked a personal support worker, (PSW) to feed them. The resident received their food and assistance to eat

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at 0904 hours.

Sources: Observations, interview with a dietary aide, an RPN and other staff.

Date Remedy Implemented: February 11, 2026

## **WRITTEN NOTIFICATION: Plan of Care**

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

### **Non-compliance with: FLTCA, 2021, s. 6 (3)**

Plan of care

s. 6 (3) The licensee shall ensure that the plan of care covers all aspects of care, including medical, nursing, personal support, mental health, nutritional, dietary, recreational, social, palliative, restorative, religious and spiritual care.

A resident had a discussion with their physician at the home about obtaining an assessment. On a day in October, 2025, a residents physician left an order including a referral to be faxed by the home to the consultant. No one at the home processed the order for the referral to be sent. The home did not take any action to advise the resident's physician that the order was not sent, nor did they advise the resident that the order wasn't processed. The resident's wishes were not implemented into the plan of care.

The physician of the resident reached out to unit manager at the home on a day in December, 2025, to inquire about the referral, as the physician was made aware by the consultant, that the referral had not been received. The physician was advised by a unit manager that the referral did not get sent.

During an interview with the homes Administrator on a day in February, 2026, they

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confirmed, from the outset, that the home is not able to send that referral. If a resident is unable, because they are too frail to leave for the assessment, the resident and physician, can come in and talk to the resident.

During an interview with a resident, they confirmed they sought a consult through the conversation with their physician and said they were not aware the home did not provide the assessment, until they asked about it. They advised they were not told this information on admission.

Sources: Resident's physical chart, homes policy- last reviewed January 2025, interviews with a resident, a physician, a unit Manager, Administrator and other staff.

## **WRITTEN NOTIFICATION: Falls Prevention and Management**

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

**Non-compliance with: O. Reg. 246/22, s. 54 (2)**

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

In accordance with O.Reg 246/22 s. 11 (1) b, the falls program must be complied with.

The head injury routine (HIR) that is part of the post fall assessment within the Falls Program was not completed at the set intervals set out for on the HIR tool. There is several missing documentation of the resident assessment on the HIR on a couple of dates in November, 2025 following falls of a resident. During an interview with a staff, they confirmed that the HIR is supposed to be completed at set intervals.

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Sources: Resident record review, Falls Policy revised 1-2025 and an interview with a staff member.

## COMPLIANCE ORDER CO #001 Dining and snack service

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 3.**

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

3. Monitoring of all residents during meals.

**The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 79 (1) 3. [FLTCA, 2021, s. 155 (1) (b)]:**

The plan must include but is not limited to: the licensee shall:

A) Develop and implement a staffing plan for when a unit is short staffed to ensure there is enough staff in the dining room to monitor and assist residents during the entire meal process.

B) Provide a written copy of the staffing plan referencing inspection and compliance order to the Ministry of Long Term care by email by a day in March, 2026.

C) Please ensure that the submitted document does not include any PI/PHI  
Please submit the written plan for achieving compliance for inspection to LTC Homes Inspector, MLTC, by email to by a day in March, 2026.

### Grounds

During the breakfast meal on a day in February, 2026, for a specific unit, there were

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no nursing staff present to monitor residents during the consumption of their meal. There were multiple residents placed in the dining room between 0800 hours and 0840 hours. The majority of residents were able to eat on their own except for five residents. All five residents required to be fed their meal by staff and were eventually fed. A PSW came and stayed in the dining room at 0841 hours to assist with passing out drinks and plates, and then a PSW arrived at 0851 hours. There were only two PSWs assigned to that specific unit. There are usually four PSW's assigned to the unit.

Sources: Inspector observations, nursing schedule for a day in February, 2026, interviews with a dietary aide, an RPN, a scheduler and other staff.

**This order must be complied with by** April 17, 2026

**COMPLIANCE ORDER CO #002 Infection prevention and control program**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

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

The licensee shall:

A. Educate all PSW staff working on a specific unit including Full Time, Part Time and on a casual basis on resident and staff hand hygiene as per evidence based

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best practice standards.

B. Perform weekly hand hygiene audits, on the specific unit to ensure that staff are following the licensee's Infection Prevention and Control Program. Audits are to be conducted until consistent compliance with the Infection Prevention and Control Program described above is demonstrated.

C. Take corrective actions to address staff non-compliance related to hand hygiene as identified in the audits.

D. Written records of A, B and C shall be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

**Grounds**

Nursing staff did not assist or remind several residents to perform hand hygiene (HH) prior to their lunch meal in the dining room on a day in February, 2026, and their breakfast meal on a day in February, 2026.

During an interview with a personal support worker (PSW) during the meal, they confirmed that they try to assist residents to perform hand hygiene, but many of the tables do not have alcohol based hand rub (ABHR), and that some residents did not have hand hygiene performed.

Sources: Inspector observations, interview with a PSW and the IPAC lead.

**This order must be complied with by April 17, 2026**

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**An Administrative Monetary Penalty (AMP) is being issued on this compliance order 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 Compliance Order CO #002**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, 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 a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

**Compliance History:**

A CO was issued in the last 36 months, on March 24, 2023 for the same legislative reference.

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

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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.

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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

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**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).