

**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:** June 30, 2025

**Inspection Number:** 2025-1497-0004

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Maxville Manor

**Long Term Care Home and City:** Maxville Manor, Maxville

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 3, 4, 5, 9 -13, 16 -19, 23-26 and 30, 2025.

The following intake(s) were inspected:

- Intake: #00146615 - related to alleged resident to resident abuse.
- Intake: #00147434 - related to a resident's fall resulting in a significant change in the resident's condition.
- Intake: #00147875 - complaint with concerns related to interference in the family council and the role of family council in the fiscal year survey.

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

Residents' and Family Councils  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Quality Improvement  
Falls Prevention and Management

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Restraints/Personal Assistance Services Devices (PASD) Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey Advice

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

**Non-compliance with: FLTCA, 2021, s. 43 (4)**

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee has failed to seek the advice of the Family Council in carrying out the fiscal year 2024 Resident and Family/Caregiver Experience survey. Specifically, one of the members of the Family Council and the Former Family Council Assistant confirmed that the Family Council provided their feedback prior to the roll out of the fiscal year 2024 Resident and Family/Caregiver Experience survey but this feedback was not incorporated in carrying out the survey.

Sources: Meeting minutes for Family Council meeting and interviews with Former Family Council Assistant.

### WRITTEN NOTIFICATION: Licensee duty to meet with Council

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

**Non-compliance with: FLTCA, 2021, s. 69**

Licensee duty to meet with Council

s. 69. If invited by the Residents' Council or the Family Council, the licensee shall meet with that Council or, if the licensee is a corporation, ensure that representatives of the licensee meet with that Council.

When invited by the Family Council, the licensee has failed to meet with the Family Council. Specifically, the Former Family Council Assistant (FCA) informed one of the Family Council members via email that no staff members from Maxville Manor would be attending the Family Council meeting. During an interview, the Former FCA confirmed that they do not attend the Family Council meetings when invited.

Sources: Email conversation between Former FCA and a member of the Family Council and interview with Former FCA.

**WRITTEN NOTIFICATION: No inference by licensee**

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

**Non-compliance with: FLTCA, 2021, s. 71 (a)**

No interference by licensee

s. 71. A licensee of a long-term care home,  
(a) shall not interfere with the meetings or operation of the Residents' Council or the Family Council;

The licensee has failed to not interfere with the operation of the Family Council of the home by having access to the Family Council's email inbox and advertising this

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email address on their website as the Family Council's contact, which the Family Council no longer had access to.

Sources: Interviews with a member of the Family Council, Acting Chief Executive Officer, Chief Financial Officer and Former Family Council Assistant.

## **WRITTEN NOTIFICATION: Requirements relating to restraining by a physical device**

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

**Non-compliance with: O. Reg. 246/22, s. 119 (7) 5.**

Requirements relating to restraining by a physical device

s. 119 (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

5. The person who applied the device and the time of application.

The licensee has failed to ensure that for every use of a physical device to restrain a resident under section 35 of the Act, the person who applied the device and the time of application was documented. Specifically, a Registered Practical Nurse documented that they received a resident for care in a restraint. However, there was no documentation indicating who placed the resident in the restraint or at what time the resident was placed in the restraint.

Sources: Progress notes, Point of Care Monitoring Restraints documentation and interview with a Registered Nurse.

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## **WRITTEN NOTIFICATION: Requirements relating to restraining by a physical device**

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

**Non-compliance with: O. Reg. 246/22, s. 119 (7) 7.**

Requirements relating to restraining by a physical device

s. 119 (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 35 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

7. Every release of the device and all repositioning.

The licensee has failed to ensure that for every use of a physical device to restrain a resident under section 35 of the Act, every release of the device was documented. Specifically, on two specific days, Registered Practical Nurses documented the application of a restraint on a resident. However, there was no documentation indicating when the resident was released from the restraint.

Sources: Progress notes, Point of Care Monitoring Restraints documentation and interview with a Registered Nurse.

## **WRITTEN NOTIFICATION: Continuous quality improvement initiative report**

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

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. ii.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

- 5. A written record of,
- ii. the results of the survey taken during the fiscal year under section 43 of the Act,
- and

The licensee has failed to ensure that the home's Continuous Quality Improvement (CQI) initiative report included a written record of the results of the survey taken for the 2024 fiscal year under section 43 of the Act.

Sources: CQI initiative report and interview with the Director of Care.

## **WRITTEN NOTIFICATION: Continuous quality improvement initiative report**

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

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. iii.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

- 5. A written record of,
- iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families,

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Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the home's Continuous Quality Improvement (CQI) initiative report included a written record of how, and the dates when, the results of the survey taken for the 2024 fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council and members of the staff of the home.

Sources: CQI initiative report and interview with the Director of Care.

## **WRITTEN NOTIFICATION: Continuous quality improvement initiative report**

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

**Non-compliance with: O. Reg. 246/22, s. 168 (2) 6.**

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,

i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,

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- iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
- iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
- v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the report required under O. Reg. 246/22 s. 168 (1) contained information as required under O. Reg. 246/22 s.168 (2) 6. Specifically, the home's Quality Improvement Plan (QIP) report for fiscal year 2025/2026 did not include part of the information related to O. Reg. 246/22 s. 168 (2) 6. i and ii and no information pertaining to O. Reg 246/22 s. 168 (2) 6. iii, iv and v. Although the home's QIP report for fiscal year 2025/2026 included the actions taken by the home to improve the long-term care home/care/services/programs and other actions taken in the home's priority areas for quality improvement, the dates when these actions were implemented, they were not mentioned in the QIP report.

Sources: CQI initiative report and interviews with the Director of Care.