

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: December 23, 2025

Inspection Number: 2025-1497-0008

Inspection Type:

Critical Incident
Follow up

Licensee: Maxville Manor

Long Term Care Home and City: Maxville Manor, Maxville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 12, 15-18, 22-23, 2025

The following intake(s) were inspected:

- Intake: #00159722 - Follow-up #: 1 - FLTCA, 2021 - s. 24 (1) related to duty to protect residents from abuse or neglect.
- Intake: #00161479 - CI: 3000-000035-25 - Fall of resident resulting in injury with a change in condition.
- Intake: #00162111 - Follow-up #: 2 - O. Reg. 246/22 - s. 24 (3) related to the measuring of air temperatures in the home.
- Intake: #00162112 - Follow-up #: 2 - O. Reg. 246/22 - s. 24 (1) related to maintaining air temperatures in the home.
- Intake: #00162435 - CI:3000-000036-25 - Fall of resident resulting in injury with a change in condition.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1497-0006 related to FLTCA, 2021, s. 24 (1)

Order #004 from Inspection #2025-1497-0005 related to O. Reg. 246/22, s. 24 (3)

Order #003 from Inspection #2025-1497-0005 related to O. Reg. 246/22, s. 24 (1)

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

- Medication Management
- Safe and Secure Home
- Infection Prevention and Control
- Responsive Behaviours
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: General requirements

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

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.

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The home's air temperature policy was not complied with regarding the documentation of corrective actions for air temperatures in the home.

Specifically, the home's air temperature monitoring policy, as part of the home's maintenance program, specifies that all corrective actions, when temperatures are out of range, 22-26 degrees Celsius, must be promptly identified, investigated, corrected and documented. As part of the home's organized program of maintenance services, there must be relevant procedures to reduce risk and monitor outcomes, and those procedures must be complied with. Documentation for out of range temperatures, actions, and outcomes must be documented on the Daily Temperature Monitoring Log.

Upon review of the air temperatures logs on specified dates, no documentation on the air temperature logs existed for identified and corrective actions for air temperatures in the home related to specified residents rooms being outside the normal temperature range.

Sources:

Specified resident's electronic charts;

Air temperature logs for three separate dates;

Observation and air temperature reading in the dining room for the Villeneuve and Prescott hallways;

The home's Air Temperature Monitoring policy, last reviewed December 2025;

Interview with a Registered Nurse (RN).

WRITTEN NOTIFICATION: Infection prevention and control

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

Non-compliance with: O. Reg. 246/22, s. 102 (8)

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Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

Two PSWs were observed providing care to residents without appropriate masking during the home's recent respiratory outbreak. During the inspection, the inspector observed two PSWs providing care to residents in the common area of the B & C hallways while not wearing their masks appropriately. The Infection Prevention and Control (IPAC) Lead stated to the inspector that staff are expected be masked at all times throughout the home during the home's respiratory outbreak.

Sources:

Observations of two PSWs on B&C hallways;
Interview with the IPAC Lead.

COMPLIANCE ORDER CO #001 Maintenance services

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

The inspector is ordering the licensee to comply with a Compliance Order

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[FLTCA, 2021, s. 155 (1) (a)]:

A) Develop, maintain, and implement written maintenance policies, procedures, and schedules for routine, preventative, and remedial maintenance of all the home's heating, ventilation, and air conditioning (HVAC) equipment. All policies, procedures, and schedules must be based on the manufacturer's recommended maintenance and cleaning procedures and schedule, specific to the piece(s) HVAC equipment used in the home, if available, or prevailing practices, if unavailable. All manufacturer's recommended maintenance schedules or prevailing practices used to develop the home's maintenance and cleaning procedures and schedules must be maintained in a written format for the determination of compliance for the development of the HVAC maintenance procedures and schedules.

B) The developed HVAC maintenance procedures and schedules must include a component requiring the most responsible person performing the maintenance of HVAC equipment maintain a written record of the performed maintenance.

C) Within 30 business days of this report being served audit all heating equipment used in the home to ensure that it is cleaned and maintained in a state of good working order. HVAC equipment must include, but is not limited to, all exterior and interior heating equipment (e.g. heat pumps with indoor and outdoor components), radiators, and boiler(s).

D) A written procedure will be developed by the home's maintenance team, all relevant management team members, and any external licensed HVAC contractors, if appropriate, of the heating equipment auditing procedure. A written record of the written auditing procedure development must be maintained including the time(s), date(s), name(s), role(s), and signatures of all participants, and a summary of the procedure development discussion(s).

E) All HVAC equipment audited must have a written record of the audit including the time(s), date(s), location(s), model name(s) of the equipment, and whether the audited equipment required any in-house and/or HVAC contractor cleaning or servicing. The audit must include a written summary of any servicing/cleaning

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performed as a result of the audit.

F) Update the home's air temperature monitoring policy, as part of the maintenance program, to include procedures in the case that a staff member feels any resident area in the home feels too cold or hot, or receives a complaint from anyone regarding the home's air temperature in a resident area. The updated policy must ensure the identified resident area has an air temperature taken and documented in accordance with the home's Air Temperature Monitoring policy, and shall ensure corrective action(s) of any resident area(s) measured outside the appropriate temperature range, as outlined in the policy, are performed and documentation of said action. The policy must also include notification of relevant maintenance staff if any HVAC equipment is found to not be in good working order, and documentation of said notification.

G) Educate all staff members in the home regarding their responsibilities as part of the updated air temperature policy regarding their response to any complaint or concern for a resident area being outside the required temperature range. A written record of the education must be maintained including the date(s), name(s), role(s), and signature(s) of the trained staff members.

Grounds

Written maintenance policies, procedures, and schedules were not maintained of the home's routine, preventative, and remedial maintenance for its heating equipment. During the inspection, the inspector requested the home's written procedures and schedules related to the maintenance of its HVAC equipment from the Director of Environmental Services, the Administrator, and and Finance Manager but was not provided these records. During their interview, the Finance Manager stated they were unable to find the requested written procedures and schedules for heating equipment maintenance.

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During the inspection, multiple issues related to resident room heating equipment was determined throughout the home. Between November and December 2025, four resident rooms were identified as having mechanical problems with their heating equipment, with two of the rooms having documented air temperatures below 22 degrees Celsius. Another resident room was found to be cold, partly due to a mechanical issue with the room's heating equipment, requiring staff to rewarm the resident. No air temperatures were recorded for two of the rooms with identified heating equipment problems.

Sources:

Four resident's electronic charts;

Electronic communications between the Director of Care and Director of Environmental Services;

Interviews with a Registered Practical Nurse and Finance Manager;

Record request of all written policies and schedules for regular, remedial, and preventative maintenance of the home's heating equipment to the Director of Environmental Services, the Administrator, and the Finance Manager.

This order must be complied with by March 23, 2026

COMPLIANCE ORDER CO #002 Safe storage of drugs

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

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(ii) that is secure and locked,

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

The licensee shall:

A) Provide training to all registered nursing staff on safe storage of medication requirements according to Ontario Regulation 246/22 s. 138 and 139. A written list of all registered nursing staff who require training, the training materials, the name of staff members trained, and date(s) of training must be kept for determination of compliance with the order.

B) Audit, for a period of four consecutive weeks in all all areas of the home, staff compliance with safe storage and security of drug supply legislative requirements for all medication storage areas. Audits are to be conducted on various shifts, including weekends and nights. All units in the home are to be audited, at minimum, twice weekly during the compliance period. If non-compliance with safe storage of medication requirements is determined during any audits, responsible staff members must be provided immediate re-education on medication safe storage practices.

C) A written record must be kept of each audit recording the auditing procedure, the name of the auditor, the date and time of the audit, the determination of staff compliance or non-compliance with medication safe storage requirements, and what corrective action, if necessary, was provided including the name(s) of the re-trained staff members.

Grounds

Medication carts were observed unlocked and unattended during the inspection. On two occasions during the inspection the inspector observed the medication cart unlocked and unattended by the responsible nursing staff on the B and C units. During one of the occasions, a drawer of the medication cart was observed to be open as well.

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Sources:

Observation of the medication cart on the B and C unit during the inspection.

This order must be complied with by January 30, 2026

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Second follow-up inspection for COs for O. Reg 246/22 s. 24 (1) and s. 24 (3).

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.

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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

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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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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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.