

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 6, 2025

Inspection Number: 2025-1304-0003

Inspection Type:

Proactive Compliance Inspection

Licensee: Villa Marconi Long Term Care Center

Long Term Care Home and City: Villa Marconi, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 26, 27, 28, 29, 30, 2025 and June 2, 3, 4, 5, 6, 2025

The following intake(s) were inspected:

- Intake: #00148252 - PCI

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices

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Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure that if the Residents' Council has advised the licensee of concerns or recommendations, the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The Residents Council (RC) minutes were reviewed for the past 12 months and there was no documented record that a written response was provided within 10 days.

Sources: RC minutes and interview with the Executive Director (ED).

WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall,

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within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure that if the Family Council has advised the licensee of concerns or recommendations, the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The Family Council (FC) minutes were reviewed for the past 12 months and there was no documented record that a written response was provided within 10 days.

Sources: FC minutes, interviews with (ED) and with the Chair and Vice Chair Family Council.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 2.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

2. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

The licensee has failed to ensure that the sliding doors leading to a secure outside area on the first floor, must be equipped with locks to restrict unsupervised access to that area by residents.

On a specified date in 2025, the first sliding doors to access the garden were observed to be wide opened and would not close. The second sliding doors to access the garden, were opening when activated by movement. These doors were

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not equipped with mag locks. The Environmental Manager indicated that they were aware that the doors did not have maglocks and that they were waiting for the pieces to get it fix.

Sources: observation and interview with the Environmental Manager.

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (1) (b)

Menu planning

s. 77 (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;

The licensee has failed to ensure that the home's menu cycle included a therapeutic menu for a resident.

On a specified date in 2025, it was observed that there were no menus for a resident therapeutic diet. Food Services Workers (FSWs) acknowledged that there were no therapeutic menus available for the current menu cycle to meet a specified diet requirements.

Sources: Observation; interviews with FSWs.

WRITTEN NOTIFICATION: Safe storage of drugs

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

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

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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,

The licensee had failed to ensure that drugs stored in a medication cart were secured and locked.

On a specified date in 2025, it was observed that a medication cart was left unlocked for several minutes in front of the medication room.

Source: observation and interview with Registered Nursing Staff.

WRITTEN NOTIFICATION: Retraining

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

Non-compliance with: O. Reg. 246/22, s. 260 (1)

Retraining

s. 260 (1) The intervals for the purposes of subsection 82 (4) of the Act are annual intervals.

The licensee has failed to ensure that annual retraining was done for donning and doffing for the purposes of subsection 82 (4) of the Act.

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In reference to FLTCA, 2021, s. 82, (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

In reference to FLTCA, 2021, S. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below: 9. Infection prevention and control.

In reference to O. Reg 246/22, s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes, (g) use of personal protective equipment including appropriate donning and doffing." As per 2025 donning and doffing training record, a Personal Support Worker had not completed the annual training which was due on a specified date in 2025.

Sources; Interview with Infection Prevention and Control (IPAC) Lead, PSW and training record.