

**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:** April 14, 2026

**Inspection Number:** 2026-1304-0002

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**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): March 26, 27, 30, 31, 2026 and April 1, 2, 7, 8, 9, 10, 13, 14, 2026

The following intakes were inspected:

Intake: #00168674 -Follow-up #: 1 - FLTCA, 2021 - s. 25 (1) policy to promote zero tolerance. CDD March 23, 2026.

Intake: #00168673 -Follow-up #: 2 - O. Reg. 246/22 - s. 58 (4) (c) responsive behaviours. CDD March 23, 2026.

The following intakes were completed in this Critical Incident Inspection:

Intake: #00169385 - Fall of a resident resulting in injury.

Intake: #00171651 - Fall of a resident resulting in injury.

Intake: #00172930 - Fall of a resident resulting in injury.

Intake: #00173458 - Fall of a resident resulting in injury.

Intake: #00174879 - Controlled substance missing/unaccounted.

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The following intakes were completed in this complaint inspection:

Intake: #00171008 related to concerns about an insulin medication incident.  
Intake: #00171132 related to concerns about medication management.  
Intake: #00171820 related to concerns about fall management and resident care.

## Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2026-1304-0001 related to O. Reg. 246/22, s. 58 (4) (c)

Order #001 from Inspection #2026-1304-0001 related to FLTCA, 2021, s. 25 (1)

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

- Resident Care and Support Services
- Medication Management
- Housekeeping, Laundry and Maintenance Services
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Accommodation services

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

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**Non-compliance with: FLTCA, 2021, s. 19 (2) (c)**

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

During a previous inspection a complaint was submitted related to the water damage in the chapel that required renovation.

On a specific date, an Inspector observed that there was water damage at two different areas of the ceiling in the hallway on a specific home area. There were plastic buckets on the floor, water dripping from those areas and yellow signage indicating that the area was wet.

On a specific date, an Inspector observed that there was still an opened area of the ceiling that required to be closed.

Sources: Inspector's observations.

**WRITTEN NOTIFICATION: Safe storage of drugs**

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

**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,

On a specific date, an Inspector observed one medication cart on the first floor and

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one medication cart on the second floor that were not kept locked when not in use.

Sources: Inspector's observations, interview with staff.

### **WRITTEN NOTIFICATION: Administration of drugs**

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

**Non-compliance with: O. Reg. 246/22, s. 140 (1)**

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

On a specific date, a resident was administered a medication that was not prescribed for the resident.

Sources: Emergency box patient usage report, resident's electronic medication administration records (eMAR), and interview with RPN.

### **WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions**

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

**Non-compliance with: O. Reg. 246/22, s. 147 (1) (a)**

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive

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hypoglycemia involving a resident is,

(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and

A specific resident was not given their prescribed medication at different specific times on multiple dates. During an interview, DOC confirmed that no medication incident reports were completed at the time of each incident.

Sources: resident's health records, home's investigation notes, interview with staff.

## **WRITTEN NOTIFICATION: Construction, renovation, etc., of homes**

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

### **Non-compliance with: O. Reg. 246/22, s. 356 (3)**

Construction, renovation, etc., of homes

s. 356 (3) A licensee may not commence any of the following work without first receiving the approval of the Director:

1. Alterations, additions or renovations to the home.
2. Other work on the home or work on its equipment, if doing the work may significantly disturb or significantly inconvenience residents.

The home did not submit an operational plan for approval of the Director for the reparation of the ceiling in the chapel and on a specific home area prior to initiating the work.

Sources: Inspector's observations and interview with Environmental Service Supervisor.

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## COMPLIANCE ORDER CO #001 Administration of drugs

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

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

The licensee shall:

A) Ensure all registered staff who require access to the pharmacy client care portal are granted access and are educated on how to check that all transcribed orders have been received by pharmacy. Ensure all registered staff who require access to the emergency box are granted access.

B) Re educate all registered nursing staff on the following:

- The home's policy and procedure for transcribing physician orders.
- Safe medication administration practices.
- The home's process for medication incident reports.
- The home's emergency box policy and procedures.
- The home's process for receiving medications from pharmacy.

C) Implement a new process to ensure that an organized drug record is established and maintained for each home area and the emergency box and kept for at least

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two years for every drug that is ordered and received in the home.

D) Audit the following:

- Medication carts to ensure they are secured and locked when not in use. (once a week on all home areas for four weeks)
- Medication pass of two residents to ensure registered staff are completing all required medication checks prior to administration (one during day shift, one at supper time and one at bedtime, once a week on all home areas for four weeks)
- Physician orders and eMAR to ensure that all registered staff are completing required checks and that new orders are inputted into eMAR correctly (two residents on each unit that have a new, discontinued or change of dose in a medication once a week on each home area for four weeks)
- Audit new drug records for all units and the emergency box to ensure that pharmacy delivery slips are being checked, signed and organized (once a week for four weeks).

If staff knowledge gaps are identified because of the audits, provide on the spot re-education or training to applicable staff. For any education or training that was completed, keep records that include the contents reviewed, date and time of review, name of staff that provided re-education, and name of staff receiving re-education including their signatures of completion.

E) Maintain a record of everything required under part A) B) C) and D) and retain all records until the MLTC has deemed that this order has been complied with.

**Grounds**

On a specific date, a medication was prescribed for a specific resident. This medication was not administered to the resident in accordance with the directions

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for use specified by the prescriber.

Sources: Progress notes, physician orders and interviews with staff.

On specific dates, a medication was prescribed for a specific resident. This medication was not administered to the resident in accordance with the directions for use specified by the prescriber on several specific dates at several specific times.

Sources: Resident's electronic medication administration record (eMAR), emergency box usage report, home's investigation notes, physician orders and interview with DOC.

**This order must be complied with** by June 8, 2026

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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).