



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**
**Division des foyers de soins de
longue durée**
Inspection de sions de longue durée

Ottawa Service Area Office
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**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 9, 2016	2016_328571_0011	01198-16	Complaint

Licensee/Titulaire de permis

CVH (No.6) GP Inc. as general partner of CVH (No.6) LP
c/o Southbridge Care Homes Inc. 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H 5L8

Long-Term Care Home/Foyer de soins de longue durée

Orchard Villa
1955 VALLEY FARM ROAD PICKERING ON L1V 3R6

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

PATRICIA MATA (571)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

**This inspection was conducted on the following date(s): April 25, 26, 27, 28, 29 and
May 2, 3, 4, 2016**

The following Complaint Logs were inspected:

**008219-15 re: resident care; 002583-16 re: resident care; 000868-16 re: resident
care; 011198-16 re: resident care; 002108-16 re: dining; and 002573-16 re: dining.**

**During the course of the inspection, the inspector(s) spoke with the Acting
Administrator, the Director of Care, Resident Care Area Managers, Director of
Quality, Infection Control Nurse, Registered Nursing Staff, Personal Support
Workers, Dietary Manager, Dietary Staff, Program Staff, Pharmacist, residents and
family members.**

**During the course of this inspection, the inspector: observed staff to resident
interactions; observed resident to resident interactions; observed areas of the
home including the kitchen and dining room; reviewed medical records;
administrative records; and policies.**

PLEASE NOTE: Two non-compliance's were found related to: security of drug supply [O. Reg. s. 130. 1]; administration of medication [O. Reg. s. 131. 1]. These non-compliance's were issued in Inspection #2016_360111_0009 which was conducted concurrently with this inspection and are contained in the Inspection and Order Reports of that inspection.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Food Quality

Medication

Nutrition and Hydration

Pain

Personal Support Services

Reporting and Complaints

Responsive Behaviours



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During the course of this inspection, ~~Non-Compliances were not issued.~~ *GM*

0 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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Issued on this 9th day of May, 2016

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.