



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

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

**Ministère de la Santé et des Soins de longue durée**

**Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch  
Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

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347 Preston St, 4th Floor  
OTTAWA, ON, K1S-3J4  
Telephone: (613) 569-5602  
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347, rue Preston, 4ièm étage  
OTTAWA, ON, K1S-3J4  
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Dec 29, 30, 2011; Jan 11, 12, 13, 2012	2011_054133_0031	Complaint

**Licensee/Titulaire de permis**

1663432 ONTARIO LTD.  
2212 GLADWIN CRESCENT, UNIT A-9, SUITE 200, OTTAWA, ON, K1B-5N1

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

MANOIR MAROCHEL  
949 MONTREAL ROAD, OTTAWA, ON, K1K-0S6

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

JESSICA LAPENSEE (133)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, a Registered Nurse, Personal Support Workers, residents and resident's visiting family members.

During the course of the inspection, the inspector(s) inspected resident's bedrooms, monitored the temperature in residents bedrooms and common areas throughout the home and observed the pagers used to alert staff to calls from the resident-staff communication and response system.

The following Inspection Protocols were used during this inspection:

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**



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<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**  
**Specifically failed to comply with the following subsections:**

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary;**
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and**
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**



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1. The licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.15(2)c; relating to the pagers used by Personal Support Workers (PSWs) to alert them to calls from the resident-staff communication and response system. The licensee failed to ensure this equipment is maintained in a good state of repair.

On December 30th at 11:56 am, an identified resident activated their call bell in the presence of the inspector. The inspector went out into the hallway and noted that the dome light above the resident's bedroom was flashing, which confirmed that the resident-staff communication and response system was activated. At 12:02pm, the call had not yet been responded to and a Registered Nurse in the area was asked by the inspector to assist the resident.

The inspector proceeded to the West dining room and ascertained that of the four PSWs present, only two PSWs were carrying a pager. One of these two pagers was not functional (#6) and the other pager (#8) was not reflecting the call from the identified resident. The two PSWs who did not have their pagers (#5 and #7) told the inspector that they had tested their pagers that morning, determined they did not work and therefore left them in the nursing office.

In the South dining room, only two of four PSWs were carrying a pager. One of these two pagers (#3) was only working sporadically. One of the PSWs who did not have their pager (#4) told the inspector that it had not been working for a week. The other PSW did not have their pager (#1) because it was missing.

Apart from pager #4, the reason the pagers were not working is that they required new batteries. By 2pm, all eight PSWs had been provided with a functional pager by the Administrator and the Director of Care.

2. .

The licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.15 (2)a; relating to the exhaust fans in resident's washrooms. The licensee failed to ensure this equipment is kept clean.

At the time of the inspection, the inspector observed that the exhaust fan in 15 resident bedroom washrooms was dirty with a thick accumulation of dust.

3. .

The licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.15(2)c; relating to residents bedside tables. The licensee failed to ensure these furnishings are maintained in a good state of repair.

At the time of the inspection, the inspector observed 6 resident's bedside tables that were in a poor state of repair. The laminate surface of these bedside tables is damaged and the particle board underneath is exposed. The surface therefore can not be cleaned and disinfected as required.

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

Issued on this 16th day of January, 2012



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

*Jessica Lapensée*



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

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
des Soins de longue durée**

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

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<b>Name of Inspector (ID #) / Nom de l'inspecteur (No) :</b>	JESSICA LAPENSEE (133)
<b>Inspection No. / No de l'inspection :</b>	2011_054133_0031
<b>Type of Inspection / Genre d'inspection:</b>	Complaint
<b>Date of Inspection / Date de l'inspection :</b>	Dec 29, 30, 2011; Jan 11, 12, 13, 2012
<b>Licensee / Titulaire de permis :</b>	1663432 ONTARIO LTD. 2212 GLADWIN CRESCENT, UNIT A-9, SUITE 200, OTTAWA, ON, K1B-5N1
<b>LTC Home / Foyer de SLD :</b>	MANOIR MAROCHEL 949 MONTREAL ROAD, OTTAWA, ON, K1K-0S6
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	PIERRE BERNIER

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To 1663432 ONTARIO LTD., you are hereby required to comply with the following order(s) by the date(s) set out below:



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

**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**Order # /**

**Order Type /**

**Ordre no :** 001

**Genre d'ordre :**

Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 15. (2) Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary;  
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and  
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c.  
8, s. 15 (2).

**Order / Ordre :**

The licensee will ensure that equipment that is used by Personal Support Workers to alert them to calls from the resident-staff communication and response system is maintained in a good state of repair. The licensee will ensure that all Personal Support Workers carry a functional pager at all times during their shift.

**Grounds / Motifs :**

1. The licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8, s.15(2)c; relating to the pagers used by Personal Support Workers (PSWs) to alert them to calls from the resident-staff communication and response system. The licensee failed to ensure this equipment is maintained in a good state of repair.

On December 30th at 11:56 am, an identified resident activated their call bell in the presence of the inspector. The inspector went out into the hallway and noted that the dome light above the resident's bedroom was flashing, which confirmed that the resident-staff communication and response system was activated. At 12:02, the call had not yet been responded to and a Registered Nurse in the area was asked by the inspector to assist the resident.

The inspector proceeded to the West dining room and ascertained that of the four PSWs present, only two PSWs were carrying a pager. One of these two pagers was not functional (#6) and the other pager (#8) was not reflecting the call from the identified resident. The two PSWs who did not have their pagers (#5 and #7) told the inspector that they had tested their pagers that morning, determined they did not work and therefore left them in the nursing office.

In the South dining room, only two of four PSWs were carrying a pager. One of these two pagers (#3) was only working sporadically. One of the PSWs who did not have their pager (#4) told the inspector that it had not been working for a week. The other PSW did not have their pager (#1) because it was missing.

Apart from pager #4, the reason the pagers were not working is that they required new batteries. By 2pm, all eight PSWs had been provided with a functional pager by the Administrator and the Director of Care. (133)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Jan 13, 2012



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

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et  
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**Ordre(s) de l'inspecteur**  
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de l'article 154 de la *Loi de 2007 sur les foyers  
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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 to request that the Director stay this (these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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de soins de longue durée, L.O. 2007, chap. 8*

**RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

Issued on this 13th day of January, 2012

Signature of Inspector /  
Signature de l'inspecteur :

Name of Inspector /  
Nom de l'inspecteur :

JESSICA LAPENSEE

Service Area Office /  
Bureau régional de services :

Ottawa Service Area Office