

# Inspection Report Under the Fixing Long-Term Care Act, 2021

### Ministry of Long-Term Care

Long-Term Care Operations Division Long-Term Care Inspections Branch

### **Central East District**

33 King Street West, 4th Floor Oshawa, ON, L1H 1A1 Telephone: (844) 231-5702

## Public Report

Report Issue Date: January 22, 2025

Inspection Number: 2025-1121-0001

#### Inspection Type:

Proactive Compliance Inspection

Licensee: Revera Long Term Care Inc.

Long Term Care Home and City: MacKenzie Place, Newmarket

### **INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): January 15, 16, 17, 20, 21, 22, 2025

The inspection occurred offsite on the following date(s): January 21, 2025 The following intake(s) were inspected:

One Intake related to the Proactive Compliance Inspection

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services Skin and Wound Prevention and Management Medication Management Residents' and Family Councils Food, Nutrition and Hydration Housekeeping, Laundry and Maintenance Services 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: General Requirements

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

#### Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

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:
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee failed to ensure that they kept a written record related to the Pain Program and the Skin and Wound Program evaluations under paragraph 3 that included the dates that recommended changes were implemented.

**Sources:** Record review of Pain Program evaluation for 2023, Record review of Skin and Wound Program evaluation dated for 2023, and interview with the Executive Director.