

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

Original Public Report

Report Issue Date: July 30, 2024

Inspection Number: 2024-1408-0002

Inspection Type:

Follow up

Licensee: Markhaven, Inc.

Long Term Care Home and City: Markhaven, Markham

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 16 to 19, and 22 to 24, 2024

The following intake(s) were inspected:

- An intake related to a first follow-up to Compliance Order (CO) #006, from Inspection #2024_1408_0001 related to O. Reg. 246/22 - s. 102 (2) (b) with compliance due date (CDD) of July 12, 2024.
- An intake related to a first follow-up to CO #007, from Inspection #2024_1408_0001 related to O. Reg. 246/22 - s. 102 (15) 2 with CDD of July 12, 2024.
- An intake related to a first follow-up to CO #001, from Inspection #2024_1408_0001 related to FLTCA, 2021 - s. 24 (1) with CDD of June 28, 2024.
- An intake related to a first follow-up to CO #004, from Inspection #2024_1408_0001 related to O. Reg. 246/22 - s. 44 with CDD of July 12, 2024.
- An intake related to a first follow-up to CO #005, from Inspection #2024_1408_0001 related to O. Reg. 246/22 - s. 93 (2) (a) (i) with CDD of July 12, 2024.
- An intake related to a first follow-up to CO #003, from Inspection #2024_1408_0001 related to FLTCA, 2021 - s. 28 (1) 2 with CDD of July 12, 2024.

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- An intake related to a first follow-up to CO #008, from Inspection #2024_1408_0001 related to O. Reg. 246/22 - s. 111 (1) with CDD of June 28, 2024.
- An intake related to a first follow-up to CO #002, from Inspection #2024_1408_0001 related to O. Reg. 246/22 - s. 140 (1) with CDD of July 5, 2024.

Previously Issued Compliance Order(s)

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

Order #005 from Inspection #2024-1408-0001 related to O. Reg. 246/22, s. 93 (2) (a) (i).

Order #003 from Inspection #2024-1408-0001 related to FLTCA, 2021, s. 28 (1) 2.

Order #008 from Inspection #2024-1408-0001 related to O. Reg. 246/22, s. 111 (1).

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #006 from Inspection #2024-1408-0001 related to O. Reg. 246/22, s. 102 (2) (b).

Order #007 from Inspection #2024-1408-0001 related to O. Reg. 246/22, s. 102 (15) 2.

Order #001 from Inspection #2024-1408-0001 related to FLTCA, 2021, s. 24 (1).

Order #004 from Inspection #2024-1408-0001 related to O. Reg. 246/22, s. 44.

Order #002 from Inspection #2024-1408-0001 related to O. Reg. 246/22, s. 140 (1).

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services

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Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Conditions of licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with Compliance Order (CO) #007 from Inspection # 2024-1408-0002, with a compliance due date (CDD) of July 12, 2024.

Rationale and Summary

The home was ordered to develop and implement a process to track the time spent on Infection Prevention and Control (IPAC) responsibilities and Nurse Educator Manager responsibilities to meet the minimum required IPAC Lead hours of 26.25 hours per week. The home was to keep a written document indicating the hours the IPAC Manager worked daily on IPAC on site, and the hours worked daily as a Nurse Clinical Educator on site for a period of four weeks. The Director of Care (DOC) and IPAC Manager/Nurse Educator Manager were to sign off to attest to the hours spent on the IPAC Manager role and the Nurse Clinical Educator role daily for a period of four weeks.

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The IPAC/Clinical Nurse Manager schedule specified the designated hours for the IPAC Lead role and the Clinical Nurse Manager role. The DOC reported a different schedule and noted that they were unfamiliar with the schedule provided to the inspector as part of CO #007. The DOC provided additional information regarding the schedule for the IPAC role, however, the hours tracked were not consistent with the information presented.

Review of the IPAC/Clinical Nurse Manager Daily Responsibility Logs, covering a specific period, revealed that several daily logs throughout the period were not completed. Three out of the four weeks in which the IPAC Lead and Clinical Nurse Manager hours were tracked, did not meet the minimum required hours for an IPAC Lead of 26.25.

The DOC confirmed that not all daily logs were completed and that the Clinical Nurse Manager/IPAC Lead did not meet the minimum required IPAC hours of 26.25 per week for four weeks.

Failure to comply with CO #007 had no direct impact on the residents.

Sources: CO #007 from Inspection #2024-1408-0001, IPAC/Clinical Nurse Manager Schedule, IPAC/Clinical Nurse Manager Daily Responsibility Logs, and interview with DOC.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #001

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Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Conditions of licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with CO #001 from Inspection #2024-1408-0001 with a CDD of June 28, 2024.

Rationale and Summary

The home was ordered to provide in-person training to all registered staff, personal support workers (PSWs), and agency staff on prevention of abuse and neglect by

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the CDD.

A review of the home's educational records indicated that the required training was only provided to 56.25 percent (%) of the agency staff. An electronic communication was sent to an agency on a specific date, after the CDD, citing the identified staff were to receive their training prior to working their next shift.

The Executive Director (ED) asserted that the training should have been provided to the identified agency staff.

Failure to comply with the requirement of the CO had no direct impact to the residents.

Sources: CO #001 from Inspection #2024-1408-0001, home's records, CO #001 training records, and interviews with the ED.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #002

Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

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This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

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Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Conditions of licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with CO #002 from Inspection #2024_1408_0001, with a CDD of July 5, 2024.

Rationale and Summary

The home was ordered to have the Nurse Educator Manager or DOC to provide in-person education to all registered staff, including agency staff, regarding the best practices of the administration of medication including but not limited to leaving medication at the bedside.

A review of the home's records confirmed that 33% of the registered staff from agency were not trained as per compliance order requirements.

The DOC confirmed the required education should have been provided to all registered staff from agency, and acknowledged some registered staff from agency who had worked in the home had not received the required education.

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Failure to comply with the requirement of the CO had no direct impact to the residents.

Sources: CO #002 from Inspection #2024-1408-0001, home's records, CO #002 training records, and interview with the DOC.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #003

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #003

Related to Written Notification NC #003

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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WRITTEN NOTIFICATION: Conditions of licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with CO #004 from Inspection #2024-1408-0001 with CDD of July 12, 2024.

Rationale and Summary

The home was ordered to perform randomized daily audit of every resident home area (RHA) to ensure residents were appropriately dressed for the time of the day.

As per the ED, the home had four RHA.

Based on the home's records, there were eight days where the audit was only completed for one RHA. The ED asserted that additional audits should have been completed on those identified days.

Failure to comply with the requirement of the CO had no direct impact to the residents.

Sources: CO #004 from Inspection #2024-1408-0001, home's records, CO #004 audit records, and interview with the ED.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #004

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The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #004

Related to Written Notification NC #004

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Conditions of licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is

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subject.

The licensee has failed to comply with condition 1 of CO #006 from inspection #2024-1408-0001, with a CDD of July 12, 2024.

Rationale and Summary

The home was ordered to provide in-person education to all direct care staff, including agency staff, with IPAC education regarding the appropriate selection, application, removal, and disposal of Personal Protective Equipment (PPE). Return demonstrations pertaining to the appropriate selection, application, removal, and disposal of PPE were to be documented including the name of staff, date of return demonstration, outcome, and education provided as feedback.

Review of records provided by the home in relation to CO #006 identified that 16% of the agency roster did not receive the required IPAC education or complete a PPE return demonstration and worked in the home during a specific period.

The ED acknowledged that there were no records to support that the identified direct care agency staff had completed the required IPAC education and return demonstrations of PPE.

Failure to comply with condition 1 of CO #006 did not have a direct impact on the residents.

Sources: CO #006 from Inspection #2024-1408-0001, staff attendance, audits of PPE use records, agency staff list and work schedules, and interview with ED.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #005

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #005

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Related to Written Notification NC #005

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

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