



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

Toronto Service Area Office
55 St. Clair Avenue West, 8th Floor
TORONTO, ON, M4V-2Y7
Telephone: (416) 325-9297
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
55, avenue St. Clair Ouest, 8ième étage
TORONTO, ON, M4V-2Y7
Téléphone: (416) 325-9297
Télécopieur: (416) 327-4486

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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jan 11, 12, 16, 17, 18, 19, 23, 24, 25, 31, Feb 1, 2, 3, 6, 7, 8, 10, 15, 2012; 2012_103164_0001; Complaint

Licensee/Titulaire de permis

MARKHAVEN, INC.
54 PARKWAY AVENUE, MARKHAM, ON, L3P-2G4

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

MARKHAVEN, INC.
54 PARKWAY AVENUE, MARKHAM, ON, L3P-2G4

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

GLORIA STILL (164)

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 Executive Director, Administrator, Director of Care, Registered staff, Personal Support Workers (PSW), residents, family member.

During the course of the inspection, the inspector(s) reviewed residents' health records, policies and procedures, photographs

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee did not ensure the written plan of care sets out clear directions to staff and others who provide direct care to an identified dependent resident relating to transfers. The written plan of care indicated the resident requires physical help in weight bearing assistance with a walker/rollator as well as that the resident is a two persons physical assist with a hoier lift.
2. The licensee did not ensure that the care set out in the plan of care is provided as specified in the plan for the following residents:
 - i) the plan of care for an identified resident indicated the resident is a two person physical assist to transfer using a mechanical lift. A Personal Support Worker (PSW) staff member reported she pivot transferred the resident by herself in the morning.
 - ii) the plan of care for an identified resident indicated the resident is a two person physical assist using the hoier lift to transfer. PSW staff were observed to transfer the resident using a sit to stand lift.
3. The licensee did not ensure that the written plan of care was reviewed and revised when the care needs of an identified resident changed following a fall. The post fall investigation indicated the resident was at high risk for falls. The resident's written plan of care indicated the resident was at low risk for falls.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure:

- *each resident's written plan of care sets out clear directions to staff and others who provide direct care to the resident*
- *the care set out in the plan of care is provided to the resident as specified in the plan*
- *the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.*

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee did not ensure that the home's Falls Prevention Program Policy (ROM-E-160) which includes a post fall investigation was complied with as required, for the following residents:

- i) an identified resident did not have a post fall investigation completed following multiple falls during a 5 month period in 2011
- ii) The post fall investigation for an identified resident did not include a fall risk assessment; hourly head injury routine as required; a care plan review.
- iii) The post fall investigation for an identified resident included a head injury routine that did not accurately reflect the time of the fall.

As per the Falls Prevention Program Policy an interdisciplinary conference is to be held following a resident fall. The Director of Care reported an interdisciplinary conference was not held in July 2011 to review the June 2011 falls; November 2011 to review October 2011 falls.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that any plan, policy, protocol, procedure, strategy or system relating to the Falls Prevention Program is complied with following a resident fall, to be implemented voluntarily.

Issued on this 27th day of February, 2012



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Long-Term Care

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the Long-Term Care
Homes Act, 2007

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prévus le Loi de 2007 les
foyers de soins de longue

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

Gloria Dill