



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
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jan 19, 25, 27, 31, Feb 1, 2, 8, 10, 13, 23, 24, 27, 2012; 2012_103164_0002; 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 Acting Director of Care, Registered Staff, Registered Dietitian, Administrative Assistant, Ward Clerk, Personal Support Staff, residents, family member.

During the course of the inspection, the inspector(s) reviewed residents' health records, continence care utilization protocol, continence care supplies, general staff orientation information and documentation, agency staff sign in record, nursing staff schedules. Observed: resident care, incontinence product inventory.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Training and Orientation

Findings of Non-Compliance were found during this inspection.

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.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training
Specifically failed to comply with the following subsections:**

- s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:**
- 1. The Residents' Bill of Rights.**
 - 2. The long-term care home's mission statement.**
 - 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.**
 - 4. The duty under section 24 to make mandatory reports.**
 - 5. The protections afforded by section 26.**
 - 6. The long-term care home's policy to minimize the restraining of residents.**
 - 7. Fire prevention and safety.**
 - 8. Emergency and evacuation procedures.**
 - 9. Infection prevention and control.**
 - 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.**
 - 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

Findings/Faits saillants :

1. The licensee did not ensure that all staff at the home had received training as required, prior to performing their responsibilities.

An agency staff Personal Support Worker (PSW) who commenced employment on October 15, 2011, did not receive training in the following areas before performing their responsibilities: the Residents' Bill of Rights, the home's mission statement, the duty under section 24 to make mandatory reports, the protections afforded by sections 26, the home's policy to minimize the restraining of residents, fire prevention and safety, emergency and evacuation procedures, infection prevention and control, all Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee that are relevant to the person's responsibilities, any other areas provided for in the regulations, the home's policy to promote zero tolerance of abuse and neglect of residents. Additionally, a review of the in-service attendance for three PSW staff involved in incidents of staff to resident abuse during the period December 24, 2010 - May 23, 2011, revealed they had not been trained in the home's policy for Prevention of Abuse & Neglect & Mandatory reporting & Whistle-blower Protection before performing their responsibilities.

The home reported the following corrective action which has been taken:

- In May 2011, in-service education on the Prevention of Resident Abuse and Neglect policy was provided to staff who had not previously attended the in-service education or completed the on-line education.

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 no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below: 1. The Residents' Bill of Rights. 2. The long-term care home's mission statement. 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 4. The duty under section 24 to make mandatory reports. 5. The protections afforded by section 26. 6. The long-term care home's policy to minimize the restraining of residents. 7. Fire prevention and safety. 8. Emergency and evacuation procedures. 9. Infection prevention and control. 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2)., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 218. Orientation

For the purposes of paragraph 11 of subsection 76 (2) of the Act, the following are additional areas in which training shall be provided:

1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints.
2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.
3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities. O. Reg. 79/10, s. 218.

Findings/Faits saillants :

1. The licensee of the home did not ensure that all staff at the home have received training in the safe and correct use of mechanical lifts before performing their responsibilities. A review of the nursing staff schedule revealed an agency Personal Support Worker (PSW) worked on October 15, 20 & 22, 2011. A review of the staff orientation records indicated the agency PSW completed the General Staff Orientation on October 25, 2011. Lift master trainer staff reported a check list is completed when a new staff member has completed orientation to the safe and correct use of lift equipment. There was no record available to confirm the agency PSW staff had been oriented to safe and correct use of lift equipment before performing their duties.

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 no staff performs their responsibilities before receiving training in the correct and safe use of equipment relevant to the staff member's responsibilities, to be implemented voluntarily.

Issued on this 28th day of February, 2012



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