

**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**

<b>Report Issue Date:</b> December 10, 2024
<b>Inspection Number:</b> 2024-1408-0004
<b>Inspection Type:</b> Complaint Critical Incident
<b>Licensee:</b> Markhaven, Inc.
<b>Long Term Care Home and City:</b> Markhaven, Markham

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): December 3, 4, 5, 6, 9, 10, 2024

The following intake(s) were inspected:

An intake was related to assessment and allegation of neglect.

An intake was related to Improper care of resident.

An intake was related to palliative care assessment, recreation activities and complaint process.

An intake was related to infection prevention and control.

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

- Resident Care and Support Services
- Infection Prevention and Control

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee failed to ensure that the written policy promoting zero tolerance for the abuse and neglect of residents was compiled with an incident of physical abuse involving a staff member towards resident occurred. There were no assessments conducted for the resident immediately after incident.

**Sources:** Resident's clinical records, home policy, and interviews with DOC.

### WRITTEN NOTIFICATION: Complaints procedure

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

**Non-compliance with: FLTCA, 2021, s. 26 (1) (c)**

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

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The licensee failed to immediately forward to the Director any written complaint that it received concerning the care of resident. The complaint was sent to the home's Clinical Nurse Manager through electronic mail (e-mail). The DOC acknowledged that the home was aware of complaints regarding resident care but did not consider them formal complaints.

**Sources:** Critical Incident Report (CIR), resident's Progress note and interview with DOC.

### **WRITTEN NOTIFICATION: Transferring and positioning techniques**

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

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that Personal Support Worker (PSW) used safe transferring techniques when assisting resident. The physiotherapist confirmed that releasing a wheelchair from a tilted position to an upright position requires holding the resident's shoulder and releasing the brake slowly to prevent fall.

**Sources:** Resident's clinical records and interviews with DOC and Physiotherapist.

### **WRITTEN NOTIFICATION: Palliative care**

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

**Non-compliance with: O. Reg. 246/22, s. 61 (2)**

Palliative care

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s. 61 (2) The licensee shall ensure that the interdisciplinary assessment of the resident's palliative care needs for their plan of care considers the resident's physical, emotional, psychological, social, cultural, and spiritual needs.

Resident's electronic chart indicated that the resident was on palliation care. However, the inspector could not locate any documentation of the palliative assessment in the resident's electronic chart. The resident's written care plan was not updated based on their palliative care needs.

The DOC confirmed that a Palliative Performance Scale (PPS) is used in the home for palliative care residents, which was not done for resident and also acknowledged that the home failed to update the resident's care plan based on the resident's palliative care needs.

**Sources:** Resident's clinical records and interviews with DOC.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

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

### **Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

1)The licensee failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was complied with.

In Accordance with the IPAC Standard for Long-Term Care Homes issued by the director, revised September 2023, section 11.6.

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The Inspector observed a PSW wearing a mask at the bottom of their chin while talking with coworkers inside the Nursing station. The Nursing station was surrounded by the residents at the time of observations.

Improper PPE use and handling practices observed during these inspections pose a risk of infection to residents.

2)The licensee failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was complied with.

In Accordance with the IPAC Standard for Long-Term Care Homes issued by the director, revised September 2023, section 9.1 f).

The home's signs posted on the front entrance geared towards COVID-19 signs and symptoms of infectious diseases and what to do if a visitor or staff had symptoms, however these signs did not include other infectious disease including the signs and symptoms or the self-monitoring required, nor the steps that must be taken if an infectious disease is suspected or confirmed in an individual. There were also no signs posted throughout the home that listed the signs and symptoms of infectious diseases for self-monitoring as well as the steps to that must be taken if an infectious disease is suspected of confirmed in any individual.

**Sources:** Observation, Interview with IPAC Nurse.

**WRITTEN NOTIFICATION: Dealing with complaints**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 108 (1) 2.**

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

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2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

The licensee failed to ensure they kept a documented record of verbal complaints regarding resident's care.

Resident's clinical records identified that their SDM had repeatedly complained about the resident's health condition and review of the home's complaints binder supported the finding that the home had no documented record related to resident's SDM complaint. Additionally, the DOC confirmed that the home was aware of complaints regarding resident's care but did not take them as a formal complaint.

**Sources:** Resident's progress notes, complaint policy and procedure, and interview with DOC.