

**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**

<b>Report Issue Date:</b> December 20, 2023	
<b>Inspection Number:</b> 2023-1408-0003	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> Markhaven, Inc.	
<b>Long Term Care Home and City:</b> Markhaven, Markham	
<b>Lead Inspector</b> Rodolfo Ramon (704757)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Reethamol Sebastian (741747)	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following dates: November 28-30, 2023 and December 1, 4-8, 2023

The following intake(s) were inspected:

- An intake related to a Proactive Compliance Inspection (PCI).

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management

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Residents' and Family Councils  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Quality Improvement  
Residents' Rights and Choices  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Windows

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

**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters.

The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents cannot be opened more than 15 centimeters (cm).

#### Rationale and Summary

Observations of three resident rooms were conducted during the PCI. The room numbers below were observed to open more than 15 cm:

- The first resident room opened 21 cm
- The second resident room opened 19 cm
- The third resident room opened 33 cm

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The Environmental Services Manager (ESM) stated that an audit of the windows is completed annually to ensure that the windows do not more than 15 cm. The ESM confirmed that during the most recent audit, measurements of the opening of the windows were not taken.

Failing to ensure that the windows could not be opened more than 15 cm placed the residents' safety at risk.

**Sources:** Observations, interview with the ESM.

[704757]

## **WRITTEN NOTIFICATION: Quarterly Evaluation**

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

**Non-compliance with: O. Reg. 246/22, s. 124 (1)**

Quarterly evaluation

s. 124 (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 246/22, s. 124 (1).

### **Rationale and Summary**

During the PCI, the home was asked to provide a copy of their quarterly medication evaluation and was not able to provide one.

The Director of Care (DOC) advised that they were aware that the medication management program of the home was to be evaluated quarterly with an interdisciplinary team.

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The DOC and Executive Director (ED) acknowledged that a quarterly evaluation for the medication management program has not been completed by the interdisciplinary team.

Failing to ensure that the quarterly medication management system was not evaluated for the effectiveness of the program posed a risk of changes and improvements not being implemented as required.

**Sources:** Medication Management System Evaluation Policy, Professional Advisory Committee (PAC) minutes, interviews with DOC and ED

[741747]

### **WRITTEN NOTIFICATION: Safe Storage of Drugs**

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

**Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)**

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

- (a) drugs are stored in an area or a medication cart,
- (ii) that is secure and locked,

The licensee has failed to ensure that drugs were stored in a medication cart that was secure and locked.

#### **Rationale and Summary**

During observations of the home areas, a room was observed to be unlocked. Inside the room, a medication cart was found with its drawers opened containing prescribed topical creams. The ED confirmed that the medication cart was required to be locked.

Failure to ensure that the medication cart was secured and locked placed the residents at risk.

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**Sources:** Observations, interview with the ED.  
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## **WRITTEN NOTIFICATION: Continuous Quality Improvement Committee**

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

**Non-compliance with: O. Reg. 246/22, s. 166 (1)**

Continuous quality improvement committee

s. 166 (1) Every licensee of a long-term care home shall establish a continuous quality improvement committee.

### **Rationale and summary**

The ED stated that the home had not established a continuous quality improvement committee (CQI) and no records were available for review related to a CQI committee.

A review of the home's policy, named "Continuous Quality Improvement Initiative policy", states that the CQI Committee provides oversight of CQI activities by monitoring that annual program reviews occur, that risk management and quality improvement activities are occurring and monitor trends and evaluate the effectiveness of CQI activities and recommend actions for improvement.

When a CQI committee was not formed, there was no opportunity for all members of the home including residents and families to collaborate on priority initiatives together.

**Sources:** Interview with ED, Continuous Quality Improvement Initiative policy  
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**WRITTEN NOTIFICATION: Website**

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

**Non-compliance with: O. Reg. 246/22, s. 271 (1) (e)**

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,  
(e) the current report required under subsection 168 (1);

**Rationale and Summary**

In accordance to, O. Reg. 246/22, s. 168 (1) Every licensee of a long-term care home shall prepare a report on the CQI initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The DOC and ED acknowledged that the CQI initiative report was not posted on the home's website. ED stated, the CQI report was e-mailed out to the family members but was unable to provide records or documentation of the emails. The inspector reviewed the bulletin board, and it was not posted as well.

When a CQI initiative report was not posted on the website, there was a lack of transparency and no opportunity for all members of the home including residents and families to be aware of the CQI initiatives.

**Sources:** Markhaven website, Quality Improvement Initiative policy, continuous quality improvement initiative report; Interviews with the DOC and ED.

[741747]