

**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**

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| <b>Report Issue Date:</b> February 11, 2025             |
| <b>Inspection Number:</b> 2025-1408-0001                |
| <b>Inspection Type:</b><br>Critical Incident            |
| <b>Licensee:</b> Markhaven, Inc.                        |
| <b>Long Term Care Home and City:</b> Markhaven, Markham |

**INSPECTION SUMMARY**

This report has been modified to change the onsite inspection days.  
The inspection occurred onsite on the following date(s): February 3- 5, and 7, 2025.  
The inspection occurred offsite on the following date(s): February 6, 2025  
The following intake(s) were inspected:

- An intake related to an outbreak
- An intake related to injury of unknown cause of a resident
- An intake related to an outstanding emergency planning annual attestation

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Safe and Secure Home

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Infection prevention and control program

NC #001 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).

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control.

According to Infection Control and Prevention (IPAC) Standard, 9.1(e) for Additional Precautions, the licensee shall ensure that additional precautions are followed in the IPAC program, specifically, Point-of-care signage indicating that enhanced IPAC control measures are in place.

A Review of the home's Additional Precautions resident list indicated that a resident required additional IPAC precautions.

During multiple observations, Point-of-care signage indicating enhanced IPAC measures were not in place for the resident.

**Sources:** The home's Additional Precautions Resident List, observations, and staff interviews.

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

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

**Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee shall ensure that on every shift, symptoms indicating the presence of infection in the residents were recorded.

Two residents were identified as having symptoms of a respiratory infection during an outbreak in the home.

A review of the residents' electronic health records indicated that both residents had missing symptom documentation on several shifts, from when the symptoms were first identified, to when precautions were discontinued.

**Sources:** The residents' clinical health records in Point Click Care (PCC), interview with staff.