Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District
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Original Public Report

Report Issue Date: October 16, 2024	
Inspection Number: 2024-1310-0004	
Inspection Type: Proactive Compliance Inspection	
Licensee: Mackenzie Health	
Long Term Care Home and City: Mackenzie Health Long Term Care Facility, Richmond Hill	
Lead Inspector	**Inspector Digital Signature**
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 10 - 13, and 16 - 19, 2024

The following intake(s) were inspected:

- One intake - Proactive Compliance Inspection (PCI)

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Residents' and Family Councils

Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain 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 opened to the outdoors and was accessible to residents had a screen and could not be opened more than 15 centimeters (cm).

Rationale and Summary
During a Proactive Compliance Inspection (PCI), it was observed that the window in a resident lounge opened 23 cm, the window screen was missing from another resident room, and there were no window cranks for the windows in any resident room.

The Executive Director (ED) indicated that there was no formal process to ensure that every window in the home that opened to the outdoors was accessible to residents, had a screen, were equipped with hand cranks and could not be opened more than 15 cm.

Failure to ensure that every window in the home that opened to the outdoors and was accessible to residents, had a screen and cannot be opened more than 15 cm, placed residents at risk for safety.

Sources: Observation, interview with the Executive Director.

WRITTEN NOTIFICATION: General Requirements

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.
General requirements
s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that every licensee of a long-term care home shall ensure that the following was complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation, specifically, to keep a written record relating to each evaluation under paragraph 3 that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Rationale and Summary
During a review of the 2023 annual program evaluation for the Skin and Wound program and Pain Management program, it was noted that while the licensee had identified changes to be implemented based on the review no implementation dates recorded as required by the legislation. The absence of these dates were confirmed by the DOC and NP #105.

Failing to record the implementation dates in the quarterly review did not create any risk to the residents.

Sources: interviews with DOC and NP #105, Pain Management Annual Evaluation.