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
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: January 13, 2025
Inspection Number: 2025-1310-0001
Inspection Type: Critical Incident
Licensee: Mackenzie Health
Long Term Care Home and City: Mackenzie Health Long Term Care Facility, Richmond Hill

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6, 8-10, and 13, 2025

The following intake(s) were inspected:

- One intake was related to an injury of unknown cause.
- One intake was related to an infectious disease outbreak.
- One intake was related to a severe hypoglycemic incident.

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

Resident Care and Support Services
Medication Management
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: HOUSEKEEPING

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (ii)
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

The licensee has failed to ensure that cleaning procedures were implemented in the disinfection of resident devices when a mattress electronic pump was relocated from an room without being disinfected.

During observations of an outbreak area, the inspector observed a staff taking a device out of an isolation room without disinfecting it. The Infection Prevention and Control (IPAC) lead confirmed that the home's disinfection practices required any devices in an isolation room to be disinfected before being brought outside of the room.

Sources: Observations, interview with the IPAC lead.
[704757]

WRITTEN NOTIFICATION: SAFE STORAGE OF DRUGS

NC #002 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 failed to ensure that drugs were stored in an area that was secure and locked when a bottle of lactulose was left open and unattended for several minutes.

During the observation, a nurse was seen walking away from a medication cart leaving an open bottle of a medication unattended for several minutes. One resident was seen passing by the unsecured medication. Failure to secure the medication could have led to a resident ingesting it.

Sources: Observations.
[704757]

WRITTEN NOTIFICATION: MEDICAL INCIDENTS

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 147 (2) (c)
Medication incidents and adverse drug reactions
s. 147 (2) In addition to the requirement under clause (1) (a), the licensee shall ensure that,
(c) a written record is kept of everything required under clauses (a) and (b). O. Reg. 66/23, s. 30.

The licensee has failed to ensure that a written record of the review and analysis of a severe hypoglycemic incident involving the resident was kept.

On a specified date, a resident had an episode of severe hypoglycemia. As a result, the resident required external medical intervention. The Director of Care (DOC) informed the inspector that a review and analysis of the incident was completed but

it was not documented through the medication incident form as indicated in the home's policy.
Sources: The home's internal records, interview with the DOC.
[704757]

COMPLIANCE ORDER CO #001 INFECTION PREVENTION AND CONTROL

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1)The IPAC lead or a member of the clinical management team is to educate all staff of all departments that work on the specified area of the home, on additional precautions requirements, specifically, the correct method of donning and doffing Personal Protective Equipment (PPE), and the use of infectious disease risk assessments including point of care risk assessments when working with residents on different types of additional precautions.
2) A written record must be kept of the staff that were educated including, the date of the education, the names and signatures of the staff educated, the contents of the education and who provided the education.
3) All staff who work on the specified area of the home will complete an in-person return demonstration to a member of the clinical management team on the correct technique of donning and doffing of PPE. A record is to be kept of the name and signature of the person completing the demonstration, the name and signature of the manager witnessing the demonstration, result of the demonstration and its date

of completion.
4) All staff who work on the specified area of the home will sign an attestation acknowledging that they have understood the education. A record is to be kept of the staff signing the attestation and date of signature.

Grounds

The licensee has failed to ensure that additional precautions were followed in the IPAC program when multiple staff failed to wear the required PPE with residents in additional contact precautions.

In accordance with the IPAC standard section 9.1 subsection f in relation to additional precautions, staff were required to ensure the proper use of PPE, including appropriate selection, application, removal, and disposal. During IPAC observations in the outbreak floor, two staff were observed in two separate isolation rooms requiring additional precautions not wearing a protective gown. Additionally, a third staff was observed in an isolation room wearing a gown untied.

The IPAC lead stated that staff entering rooms with additional precautions were required to wear a gown ensuring that the gown was tied at the back. Failure to wear the required PPE in an outbreak floor placed the residents at risk of further spread of infectious diseases.

Sources: Observations, interview with the IPAC lead.
[704757]

This order must be complied with by March 28, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.