

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: August 27, 2025

Inspection Number: 2025-1310-0006

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): August 19 - 21, 25 - 27, 2025

The inspection occurred offsite on the following date(s): August 22, 2025

The following intake(s) were inspected in this Critical Incident (CI) inspection:

- One intake was related to neglect of a resident.
- One intake was related to improper care of a resident by staff.

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

Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 1.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

The licensee failed to ensure that a resident was treated with courtesy and respect by a Personal Support Worker (PSW). The resident reported that during a specified time, they requested assistance from the PSW. The resident reported that the PSW spoke to them harshly and scolded them for asking for assistance. The resident expressed emotional distress from this interaction.

Sources: Clinical health records for a resident, Long-Term Care Homes (LTCH) investigation notes, Critical Incident Report (CIR), interviews with the resident and staff.

WRITTEN NOTIFICATION: Transferring and positioning techniques

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

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

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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 failed to ensure a PSW used safe transferring and positioning techniques when assisting a resident for an activity of daily living (ADL). The resident required two-person assistance for the ADL. The PSW acknowledged that they transferred the resident on their own and then left the resident unsupervised during the task. They acknowledged that they should have followed the plan of care and reported to the nurse to have the resident's transfer status reevaluated.

Sources: Clinical health record for a resident, LTCH investigation notes, interview with the staff.

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The licensee has failed to ensure staff provided a resident with timely incontinence product changes to keep the resident clean, dry, and comfortable. Internal investigation notes and interviews with a PSW and the Interim Administrator revealed that staff did not assist the resident for a specified period, during which the resident had soiled and soaked through their product.

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Sources: The home's investigation notes and interviews with a PSW and the Interim Administrator.

**WRITTEN NOTIFICATION: Licensees who report investigations
under s. 27 (2) of Act**

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

Non-compliance with: O. Reg. 246/22, s. 112 (3)

Licensees who report investigations under s. 27 (2) of Act

s. 112 (3) If not everything required under subsection (1) can be provided in a report within 10 days, the licensee shall make a preliminary report to the Director within 10 days and provide a final report to the Director within a period of time specified by the Director.

1) The licensee failed to ensure that a final report was provided to the Director within a period of time specified by the Director.

A Critical Incident Report (CIR) was submitted to the Director for an allegation of neglect of a resident by a PSW. The licensee did not provide the final report within the time period specified by the Director.

Sources: Review of CIR and interview with the Interim Administrator.

2) The licensee failed to ensure that a final report was provided to the Director within a period of time specified by the Director.

A CIR was submitted to the Director for an allegation of improper/incompetent care of a resident by a PSW. The licensee did not provide amendments or the final report

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upon completion of the licensee's investigation of the incident.

Sources: Review of CIR and interview with the Interim Administrator.

**COMPLIANCE ORDER CO #001 Infection prevention and control
program**

NC #005 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)]:**

The licensee shall:

- 1) The IPAC Lead or designate shall retrain all staff who provide residents with meal or snack service on the home's Hand Hygiene program specifically on assisting residents to perform hand hygiene before meals and snacks.
- 2) Maintain documentation of the training (e.g. name of the trainer (s), date and time of training, name of trainees and their signature, training contents) and make them available to inspector upon request.
- 3) Randomly conduct two meal audits and one snack audit on residents' hand hygiene on each floor per week for four weeks.
- 4) The audits must be documented and must contain the following: the date and time the audit was conducted, the home area, the name of the auditor and corrective actions taken, if any.

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Grounds

1. The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 10.2 (c) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that the hand hygiene program for residents included assistance to perform hand hygiene before their meals and snacks.

Rationale and summary:

The home received a complaint letter which reported that a resident was found eating with their hand visibly soiled. The PSW acknowledged they did not check the resident's hands before serving nourishments and admitted they should have provided hand hygiene assistance prior to giving residents food or drink.

Failure to provide the resident with hand hygiene before eating caused the resident to eat with hands that were visibly soiled, which may increase the risk of illness due to exposure to infectious agents.

Sources: The home's investigation notes and interviews with staff.

2. The licensee has failed to ensure that the IPAC Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 10.2 (c) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that the hand hygiene program for residents included assistance to perform hand hygiene before meals and snacks.

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Rationale and Summary:

The LTCH submitted a CIR related to a complaint that a resident was found eating a snack with their hands while their hands were visibly soiled.

Inspectors observed lunch meal services on multiple floors of the long-term care facility. During these observations, most residents in the dining rooms on these floors were not being assisted with hand hygiene prior to their meal. The inspectors also observed an afternoon snack pass on one floor when residents were not assisted with hand hygiene before being offered handheld food.

The LTCH's policy on hand hygiene requirements, indicated that the hand hygiene program for residents shall include assistance to perform hand hygiene before meals and snacks.

Two PSWs and the IPAC Lead all confirmed that residents are to be assisted with hand hygiene before and after meals and snacks. The IPAC Lead further acknowledged that this gap in the hand hygiene program for residents had been previously identified and that staff had been trained on the expectations.

Failure to support residents with hand hygiene prior to eating placed residents at risk for contracting infectious diseases.

Sources: Observations, the home's policy Hand Hygiene Requirements (LTC), last revised February 2025, interviews with staff.

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This order must be complied with by November 17, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

In the past 36 months, a CO under O. Reg. 246/22, s. 102 (2) (b) was issued (#2025-

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1310-0001) on 2025-01-13.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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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

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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:

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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.