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: November 5, 2025
Inspection Number: 2025-1310-0007
Inspection Type: Complaint 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): October 21, 23-24, 27-28, 2025, and November 3-5, 2025.
The inspection occurred offsite on the following date(s): October 30, 2025.

The following intake(s) were inspected:
- An intake related to Safe and secure home
-Two complaint intakes related to Prevention of abuse and neglect and improper care

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

Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 271 (1) (c)
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,
(c) direct contact information, including a telephone number and email address that are monitored regularly for,
(i) the licensee or a senior officer of the licensee or, in the case of a municipal home or a First Nations home approved under Part IX of the Act, a person who is on the committee of management,
(ii) the Administrator,
(iii) the Director of Nursing and Personal Care, and
(iv) all infection prevention and control leads for the home;

The home's website contained information of previous Administrator, Director of Care (DOC), and Infection prevention and control (IPAC) lead and did not include their telephone numbers. The home's website was updated with direct contact information of the above-mentioned staff on October 24, 2025.

Sources: The home's website and interview with the Interim Administrator.

Date Remedy Implemented: October 24, 2025

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

A resident's written plan of care indicated they had a specific responsive behaviour, however the nature of the responsive behaviour and relative interventions were not identified, hence there was no clear direction to staff who provided direct care to the resident. According to record reviews and interviews with staff, the resident did not have

the specified responsive behaviour since admission.

Sources: The resident's clinical records, interviews with staff.

WRITTEN NOTIFICATION: Duty to protect

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

A resident displayed a specific responsive behaviour towards staff and was then escorted to their room. The resident was informed to remain in their room and if they continued with the same responsive behaviour, they would return to intervene. Staff acknowledged that this verbal communication to the resident was threatening and degrading in nature.

Sources: The home's complaint forms, the resident's clinical records, and interviews with staff.

WRITTEN NOTIFICATION: Protection from certain restraining

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 34 (1) 2.
Protection from certain restraining
s. 34 (1) Every licensee of a long-term care home shall ensure that no resident of the home is:
2. Restrained, in any way, as a disciplinary measure.

A resident who exhibited a specific responsive behaviour was physically restrained by external authorized individuals and escorted to their room. Interviews with staff indicated that this action was disciplinary in nature and other de-escalation techniques were supposed to be exercised to manage the resident's responsive behaviour according to the plan of care.

Sources: The home's complaint forms, the home's least restraints policy, the resident's

clinical records, and staff interviews.

WRITTEN NOTIFICATION: Responsive behaviours

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(b) strategies are developed and implemented to respond to these behaviours, where possible; and

A resident exhibited a specific responsive behaviour. There was no evidence as if the relative non-pharmacological interventions in the resident's plan of care were fully implemented. The staff involved external personnel to address the resident's responsive behaviour which resulted in negative outcome to the resident's emotional well-being.

Sources: The home's complaint forms, the resident's clinical records, and interviews with staff.

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