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: February 26, 2026

Inspection Number: 2026-1310-0001

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): February 5, 6, 9 - 13, 17, 19, 20, 23, 25, and 26, 2026.
The inspection occurred offsite on the following date(s): February 18 and 24, 2026.

The following intake(s) were inspected:
- One intake related to infection prevention and control (IPAC) outbreak
- One intake related to improper/incomplete care of a resident
- One intake was a complaint related to misuse or misappropriation of funding
- One intake was a complaint related to whistle-blowing protection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Housekeeping, Laundry and Maintenance Services
Medication Management
Infection Prevention and Control
Safe and Secure Home
Whistle-blowing Protection and Retaliation
Responsive Behaviours
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 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 plan of care did not provide clear directions to staff regarding their dietary preferences. The resident's written care plan indicated a specific diet, while their diet order did not match.

Sources: Observation, the resident's clinical records, interviews with resident and other staff.

WRITTEN NOTIFICATION: Duty to protect

NC #002 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.

O. Reg. 246/22, section 7 defines neglect as the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

A resident was reported to have altered skin integrity and necessary assessments were not completed in a timely manner leading to deterioration of the altered skin.

Sources: Critical incident system (CIS) report, the resident's electronic health record, the home's policies, and interviews with a Personal Support Worker (PSW), a Registered Nurse (RN), and the Skin and Wound Champion (SWC).

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 1.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

During this inspection, the home's complaint records were reviewed. Two verbal complaints alleging improper care of residents were reported to the home but were not reported to the Director as required.

Sources: The home's complaint binder, interview with the home's Director of Care (DOC).

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

During this inspection, the home's complaint records were reviewed. Two verbal complaints alleging neglect of residents were identified but were not reported to the Director as required.

Sources: The home's complaint binder, and interview with the home's DOC.

WRITTEN NOTIFICATION: Behaviours and altercations

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 60 (a)
Behaviours and altercations
s. 60. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

A resident exhibited responsive behaviours since admission that placed staff at risk of harm. The resident's care plan did not indicate the resident's behaviours or any interventions in place to manage the behaviours until a couple of months later.

Sources: The resident's clinical record, the home's policies, interviews with a Registered Practical Nurse (RPN), a PSW, and the Social Worker (SW).

WRITTEN NOTIFICATION: Laundry service

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 95 (1) (b)
Laundry service
s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

A staff member identified that on their shift they would run out of bath towels as there was insufficient supply during the shift and would use other linens to provide care to the residents.

Sources: Complaint, observation, interviews with a PSW and the Interim Administrator (IA).

WRITTEN NOTIFICATION: Maintenance Services

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)
Maintenance services
s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

A staff member indicated they were unaware of any procedures or protocols in place for the home's Computerized Maintenance Management System program. The Interim Administrator (IA) stated the home had gaps in having maintenance services policies, procedures, and protocols in place pertaining to this system.

Sources: Interviews with a PSW and the IA.

WRITTEN NOTIFICATION: Dealing with complaints

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

During this inspection the home’s complaint records were reviewed. A verbal complaint concerning the operation of the home was logged on a specific date. The home did not provide a response to the complainant.

Sources: The home’s complaint binder, and interview with the SW.

WRITTEN NOTIFICATION: Dealing with complaints

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 2.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

During this inspection the home's complaint records were reviewed. A verbal complaint concerning the care of a resident was logged on a specific date. According to additional evidence provided to the inspector, and an interview with the home's SW, the concern remained unresolved and no acknowledgement or follow-up response was provided to the complainant.

Sources: The home's complaint binder and interview with SW.

WRITTEN NOTIFICATION: Medication management system

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)
Medication management system
s. 123 (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

On an identified day multiple medication orders for a resident were not processed in accordance with the home's medication order procedure.

Sources: The home's medication incident binder, the resident's clinical records, the home's policies, and interviews with staff.

WRITTEN NOTIFICATION: Security of drug supply

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 139 1.
Security of drug supply
s. 139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.

During the course of the inspection, a medication cart was observed to be unlocked on an identified home area with no nurse in the vicinity.

Associate Director of Care (ADOC), indicated the medication cart is to be locked when not in use.

Sources: Observation and interview with the ADOC.

WRITTEN NOTIFICATION: Licensee to retain records

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 312 (d)
Licensee to retain records
s. 312. For the purposes of section 95 of the Act, every licensee of a long-term care home shall keep, for each long-term care home operated by the licensee,
(d) any agreement between the Minister and the licensee for funding provided under section 93 of the Act and any service accountability agreement required by section 22 of the Connecting Care Act, 2019, the records and reports required under those agreements and the records used to produce those records and reports;

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the home were complied with. The home's policy High Intensity Needs Fund Overview (LTC) directs that a specific document is completed for each resident who is receiving Supplementary Staffing. Further this document is to be retained for seven years.

The ADOC indicated the document is being completed each month but was not being retained as expected.

Sources: The home's High Intensity Needs binder, the home's policy High Intensity Needs Fund Overview (LTC), Interview with the ADOC.

COMPLIANCE ORDER CO #001 Accommodation services

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 19 (2) (a)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
1. Educate all Personal Support Worker (PSW) and Registered staff responsible for washing and sanitation of residents' slings on the proper laundering and sanitization process and procedure.
a) Prepare and maintain a master list of all the staff receiving this education. Retain records of each participant's name and designation, the education material provided, the date the education was provided, and the name and designation of individual(s) who provided the education.

2. Develop and implement a process to ensure the washer and dryers are disinfected prior to each use.

3. Upon completion of education, conduct an audit once per week in each resident home area for 4 weeks to ensure a sanitization cycle was run with no laundry in the machine prior to processing the next load.
a) Retain record of the audits, including date, and name of individual conducting the audit.

Grounds

A review of the home's policy indicated where a laundry machine has been used to process heavily soiled items (including but limited to linens contaminated with vomit, feces, or diarrhea) the operator shall ensure that bleach sanitization cycle is run with no

laundry in the machine prior to processing the next load. Completion of the sanitizing cycle must be confirmed before the machine is returned to services.

ADOC of IPAC #121 indicated there was no bleach available in the laundry rooms on all three home areas and no process in place to confirm the machine was sanitized prior to returning it into services.

Sources: Observations, Laundering of Slings and Belts policies, IPAC MEMO, and interview with the ADOC of IPAC.

This order must be complied with by May 29, 2026.

COMPLIANCE ORDER CO #002 Menu Planning

NC #014 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 77 (6)
Menu planning
s. 77 (6) The licensee shall ensure that an individualized menu is developed for each resident whose needs cannot be met through the home's menu cycle. O. Reg. 246/22, s. 390 (1).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1. The licensee is to ensure that an individualized menu is developed and implemented for two identified residents, based on their needs and preferences. Retain documentation of the residents' individualized menu and any updates in their plan of care.

2. Conduct a nutritional assessment for the two identified residents to ensure their care plans and diet orders accurately reflect their preferences.

3. Conduct an analysis of the home's therapeutic menu extensions to ensure menu items are reflective of the therapeutic offerings.

4.Provide education to all dietary aides and direct care staff (Personal Support Workers and Registered Staff) that are involved in the care of the two residents regarding sections 1 and 2 of this Compliance Order (CO).

a) Prepare and maintain a master list of all the staff receiving this education. Retain records of each participant's name and designation, the education material provided, the date the education was provided, and the name and designation of individual(s) who provided the education.

Grounds

During the inspection it was determined that individualized menu for two residents who required specific religious type meals were not developed.

According to interviews, clinical records, and observations, a resident had expressed their preference for specific religious type meals and was informed this could not be accommodated. The resident subsequently agreed to receive alternative choices from the home's food menu, while their family had been purchasing the specific religious type meals, from a third-party vendor. A second resident verbalized their preference to have specific religious type meals, however the diet order indicated a different diet type due to inconsistent documentations identified in their clinical records.

The home’s Food Service Manager (FSM) and Registered Dietitian (RD) confirmed that when a specific meat prepared according to required religious standards was unavailable for certain entrée items, residents with this preference were provided with vegetarian alternatives. In reviewing the home's therapeutic menu under the specific religious preparation extension, when the main entrée contained meat options that did not meet the specific religious preparation, appropriate alternative meat proteins were not available.

The home’s FSM and RD confirmed that the home had not developed or implemented individualized menus or appropriate dietary accommodations for the residents who required specific religious type meals.

Sources: Observations, the home’s menu cycle and therapeutic menu, the residents' clinical records, interviews with the residents and staff.

This order must be complied with by May 29, 2026.

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.