

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:** April 24, 2026

**Inspection Number:** 2026-1310-0003

**Inspection Type:**  
Proactive Compliance Inspection

**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): April 9,10, 13-17, 20, 21, 2026

The inspection occurred offsite on the following date(s): April 22-24, 2026

The following intake(s) were inspected:

- An Intake related to Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Pain Management

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Doors in a home

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The storage room doors on the multiple floors were open, and no staff were noted to be present. These rooms, classified as non-residential areas, contained soiled linens and clothing, as well as electrical panels, and provided access to the elevator area.

Additionally, on a different floor, the door to the staff room was noted to be open and unattended, with staff's personal belongings inside.

**Sources:** observations.

## WRITTEN NOTIFICATION: Air temperature

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

**Non-compliance with: O. Reg. 246/22, s. 24 (2)**

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

Air temperatures were not measured or documented in all resident home areas outside of the May to September period.

**Sources:** Air temperature logs and an interview with staff.

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## WRITTEN NOTIFICATION: Dining and snack service

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

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.**

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The registered Nurse (RN) #104 and a private caregiver attempted to administer medications and feed resident #002 while the resident's wheelchair was in a tilted position. Following the Inspector's prompt, RN #104 adjusted the wheelchair to an upright position, after which the resident's private caregiver continued the feeding process.

**Sources:** Observation and interview with staff.



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

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