

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: July 18, 2025

Inspection Number: 2025-1121-0005

Inspection Type:

Critical Incident

Licensee: CVH (NO. 11) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)

Long Term Care Home and City: MacKenzie Place, Newmarket

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 16 - 18, 2025

The following intake(s) were inspected:

Intake: #00150611 - Injury of unknown origin.

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

Resident Care and Support Services
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the assistance of two staff for dressing and transferring, as set out in the plan of care, was provided to resident. Assistant Director of Care (ADOC) noted that the plan of care was not consistently followed.

Sources: Review of the current plan of care, interviews with ADOC and Director of Care (DOC), and review of the investigation notes.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

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 licensee has failed to ensure that the Standard issued by the Director related to Infection Prevention and Control (IPAC) was implemented.

According to O. Reg. 246/22, s. 102 (2) (b), the licensee was required to implement any standard or protocol issued by the Director with related to IPAC.

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The IPAC Standard for Long-Term Care Homes (LTCH), dated April 2022, revised September 2023, section 9.1 (f) indicated additional PPE requirements including appropriate selection application, removal, and disposal.

During an observation it was noted that Registered Practical Nurse (RPN) did not wear a gown when dealing with bodily fluids of resident who was on contact precaution. ADOC agreed that the RPN should've worn a gown when dealing with bodily fluids.

Sources: Inspector observations, interview with RPN and ADOC.



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

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