Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700 rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 1, 2017	2017_334565_0002	001090-17	Resident Quality Inspection

Licensee/Titulaire de permis

MARKHAVEN, INC.
54 PARKWAY AVENUE MARKHAM ON L3P 2G4

Long-Term Care Home/Foyer de soins de longue durée

MARKHAVEN, INC.
54 PARKWAY AVENUE MARKHAM ON L3P 2G4

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

MATTHEW CHIU (565), VALERIE JOHNSTON (202)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): January 16, 17, 18, 19, 20, 23, 24, 25, 26, and 27, 2017.

During the course of the inspection, Complaint Intake #019932-16 related to improper care of a resident was inspected.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Clinical Nurse Manager, Registered Dietitian, Director of Program Services, Resident Services Coordinator, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Program Assistant, Residents, and Family Members.

The inspectors conducted a tour of the resident home areas, observations of medication administration, staff and resident interactions, provision of care, record review of resident and home records, meeting minutes for Family Council and Resident Advisory and Food Committee, staffing schedules and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Personal Support Services
Recreation and Social Activities
Residents' Council

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

During stage two of the Resident Quality Inspection (RQI), a review of resident #015's Resident Assessment Instrument – Minimum Data Set (RAI-MDS) assessment revealed the resident was incontinent.

A review of the resident's plan of care revealed the resident had cognitive impairment and required staff assistance for toileting. The plan of care set out a toileting plan indicating specified directions to toilet the resident during AM care, after breakfast and after lunch. Staff should also check and change the resident's continence care product as needed at certain specified time periods.

A review of the daily Personal Support Worker (PSW) flow sheet for an identified date revealed that resident #015 should be toileted after breakfast and lunch as per the specified directions set out in the plan of care.

Several observations on a specified date and times revealed no evidence that the resident was toileted after breakfast.

Interview with PSW #110 indicated the staff member toileted the resident during the AM care and he/she confirmed the above mentioned evidence on the flow sheet. After breakfast, the staff member checked the resident's continence care product and it was dry. The staff member did not change or toilet the resident, and indicated this is because he/she did not have enough time to do it for the resident.

Interview with a family member indicated on the identified date, he/she visited the resident twice, in the morning and at lunch. The family member toileted the resident after lunch and expected staff to toilet the resident after breakfast as specified in the plan of care.

Interviews with Registered Practical Nurse (RPN) #111 and the Director of Care (DOC) indicated staff should follow the plan of care for toileting the resident after breakfast and lunch if he/she demonstrated the above mentioned evidence during the AM care. If the family toileted the resident after lunch, staff do not need to do it again.

The DOC confirmed the toileting care set out in the plan of care was not provided to resident #015 as required. [s. 6. (7)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 56. Residents' Council

Specifically failed to comply with the following:

s. 56. (1) Every licensee of a long-term care home shall ensure that a Residents' Council is established in the home. 2007, c. 8, s. 56 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a Residents' Council was established in the home.

During stage two of the RQI, a review of the Residents' Council meeting minutes revealed no records for the meeting minutes.

The home had a Resident Advisory and Food Committee (RAFC). A review of the RAFC meeting minutes and interview with resident #017 indicated the home had invited residents and staff members to the meetings, and the home did not have a Residents' Council established.

Interviews with the Resident Services Coordinator (RSC) and the Executive Director (ED) indicated the RAFC was chaired by staff members and overseen by the RSC. During the RAFC meetings, residents were asked if they would like to form a Residents' Council, and those attended the meeting indicated they like to continue the RAFC meetings the way it is. The RSC and the ED confirmed the RAFC was not a Residents' Council and a Residents' Council was not established in the home. [s. 56. (1)]

Issued on this 15th day of February, 2017

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.