

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

Rapport d'inspection prévue  
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

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 19, 2019	2019_626501_0016	010826-18, 021212- 18, 021808-18, 022666-18, 007676-19	Complaint

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**Licensee/Titulaire de permis**

Markhaven, Inc.  
54 Parkway Avenue MARKHAM ON L3P 2G4

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

Markhaven  
54 Parkway Avenue MARKHAM ON L3P 2G4

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

SUSAN SEMEREDY (501), ASAL FOULADGAR (751), SAMI JAROOUR (570)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): July 22, 23, 24, 25, 26, 29, 30, 31, August 1, and 2, 2019.**

**This inspection was conducted concurrently with Critical Incident inspection 2019\_626501\_0017.**

**During this inspection the following complaint intakes were inspected:  
Log #010826-18, #021212-18, #022666-18 related to falls prevention  
Log #021808-18 related to personal support services and reporting and complaints**

**During this inspection the following follow-up intake was inspected:  
Log #007676-19 related to sufficient staffing**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Clinical Nurse Manager (CNM), Human Resources Manager, registered nurses (RNs), registered practical nurses (RPNs), personal support workers (PSWs), physiotherapist (PT), substitute decision-makers, family members and residents.**

**During the course of the inspection, the inspector(s) made observations of staff and resident interactions and the provision of care, and reviewed health records, staffing schedules, home's investigation records, home's complaint records and relevant policies and procedures.**

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

**Dignity, Choice and Privacy  
Dining Observation  
Falls Prevention  
Personal Support Services  
Reporting and Complaints  
Sufficient Staffing**

**During the course of this inspection, Non-Compliances were issued.**

**2 WN(s)  
0 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO NO DE L'INSPECTEUR</b>
LTCHA, 2007 S.O. 2007, c.8 s. 8. (3)	CO #001	2019_486653_0007	751

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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. (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,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the plan of care for resident #002 set out clear directions to staff and others who provided care to the resident.

A review of an email communication sent to the Ministry of Long-Term Care (MLTC) indicated resident #002's substitute decision-maker (SDM) was reporting resident #002 had not been provided identified grooming on two specific days.

A review of resident #002's written plan of care under the focus for hygiene and grooming indicated staff were to use an identified device to provide identified grooming and were to inform the SDM regarding any malfunction of the device.

An interview with PSW #100 who provided primary care to resident #002 during the day shift previous to the above noted days, indicated they may not have provided identified grooming for the resident that day as the resident may not have needed it. An interview with PSW #111 who provided primary care to resident #002 during the day shift on the above mentioned days, acknowledged they had not provided identified grooming to resident #002 on those days. PSW #111 stated they were aware the identified device was at the nursing station and they should have gone to get it.

An interview with DOC #105 stated that the expectation would have been for resident #002 to be provided identified grooming daily and acknowledged they were aware resident #002 had not been provided this care on the above mentioned days. The DOC stated they had since updated the plan of care to reflect that the resident needed to be provided identified grooming daily and initiated a nursing intervention in the electronic medication administration system for registered staff to check and ensure this task is completed daily.

The home failed to ensure that the plan of care for resident #002 set out clear directions to staff and others who provided care to the resident. [s. 6. (1) (c)]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints**

**Specifically failed to comply with the following:**

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**

**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**

**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**

**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**

**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**

**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**

**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a documented record was kept in the home that included the nature of each verbal and written complaint.

The MLTC received a complaint related to the home failing to forward a written complaint to the Director concerning the operation of the home. An interview with the complainant indicated they were concerned about the privacy of resident health information and felt the home should have forwarded their concern to the Director.

A review of the complainant's email sent to the home indicated they thought there was an alleged privacy and confidentiality breach and wanted the email to be considered a written concern. Review of a response email by the Executive Director (ED) the same day indicated there was no privacy breach.

At the time that the email was sent to the home, the home's policy #LGM-A-040 titled, "Complaint Procedures", revised May 2014, indicated email communication is considered verbal communication and will not be considered a written complaint. During an interview with the ED, they indicated that due to previous inspections related to their managing of complaints, the home revised this policy as of May 2019, and the policy now indicates that email communication will be considered a written complaint.

Further review of both the previous and current complaint policies indicates that a Client Response/Complaint form is to be used to record the facts and action taken. Review of the home's 2018 complaint binder indicated there was no complaint documented from the complainant related to the above concern.

An interview with the ED acknowledged that they received an email from the complainant and responded the same day. The ED was able to provide a copy of this correspondence. The ED acknowledged that a complaint form related to the above incident was not completed. The home failed to ensure that a documented record was kept in the home that included the nature of each verbal and written complaint. [s. 101. (2)]

**Issued on this 4th day of September, 2019**

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

**Original report signed by the inspector.**