

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 17, 2022	2022_941746_0004	010225-21, 000432- 22, 001069-22	Complaint

Licensee/Titulaire de permis

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

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

Markhaven
54 Parkway Avenue Markham ON L3P 2G4

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

AMANDEEP BHELA (746), BRITNEY BARTLEY (732787)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 2, 3, 4, 7, 8 and 9, 2022.

Two logs related to concerns related to home interfering with family council, complaints and concerns around staff credentials.

One log related to resident rights

During the course of the inspection, the inspector(s) spoke with the Interim Executive Director, Director of Care (DOC), Human Resource Manager, Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Workers (PSW), Recreation Aide and residents.

During the course of the inspection, the inspector(s) toured resident home areas, observed staff to resident interactions, reviewed clinical health records, employee files, staff schedules, and discussed relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Family Council

Infection Prevention and Control

Reporting and Complaints

Sufficient Staffing

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

3 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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 O.Reg 79/10, s. 63. Every licensee of a long-term care home shall ensure that social workers or social service workers who provide services in the home are registered under the Social Work and Social Service Work Act, 1998. O. Reg. 79/10, s. 63.

Findings/Faits saillants :

1. The licensee failed to ensure that the social service worker who provided services in the home was registered under the Social Work and Social Service Work Act, 1998.

A complaint was received by the Director indicating that the home had employed an identified individual who did not have the appropriate credentials and was not registered with the appropriate college.

Review of employee file indicated that they were initially employed by the home on an identified date, in an identified role, further review of the employee's resume stated that they held the appropriate designation. In complete review of the employee file, no document confirming registration with the college was identified.

Interview with Human Resource Manager and Interim Executive Director indicated that the employee had been hired at the home in an identified role based on review of the resume, completion of the interview process and review of references. They further indicated that this concern was brought to their attention when the home received communication from the identified College regarding a complaint received related to this employee. An investigation was initiated and determined that the employee had falsified this designation on their resume. The Human Resource Manager and Interim Executive Director acknowledged that the home failed to ensure that the employee had the appropriate credentials and registration with the college upon hire. They further indicated that this employee resigned this role at the home.

Sources: Review of employee file, Interview with complainant, Human Resource Manager #108 and Interim Executive Director #109. [s. 63.]

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 social workers or social service workers who provide services in the home are registered under the Social Work and Social Service Work Act, 1998., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participate in the infection prevention and control program.

A staff member was observed taking soiled PPE out of a resident room. There was no disposal area in a resident's room for PPE. An interview with the IPAC lead RN #103 noted there should be a PPE disposal bin in a resident room who is on additional isolation.

A staff member was observed to be improperly doffing PPE, and not sanitizing hands after exiting a resident room under droplet precautions. The staff member confirmed hand sanitizing was not done after removal of the gloves. An interview with the IPAC lead RN #103 noted hand hygiene should be done after glove removal.

A staff member was observed wearing two masks. An interview with DOC confirmed this is not the LTC home expectation and staff member should have worn one mask. Inconsistent infection control practices pose a risk of transmission of communicable disease.

Sources: Observations, interview with DOC, IPAC lead RN # 103, RPN #106, PSW #102 and student #104. [s. 229. (4)]

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 all staff participate in the implementation of the IPAC program, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60.
Powers of Family Council**

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

1. The licensee has failed to respond within to Family Council concerns within 10 days.

On identified date, the Family Council informed the home Interim Executive Director of their concerns or recommendations. The home Interim Executive Director responded to the Family Council on an identified date. The home did not respond in writing within 10 days of receiving the Family Council concerns or recommendations.

An interview and record review with the Interim Executive Director confirmed the home responded late to the Family Council.

Sources: Interview with the Interim executive Director, Markhaven Home Family Council policy and record review of emails. [s. 60. (2)]

Issued on this 28th day of February, 2022

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

Original report signed by the inspector.