

**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:** May 22, 2025

**Inspection Number:** 2025-1408-0004

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Markhaven, Inc.

**Long Term Care Home and City:** Markhaven, Markham

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 20 to 22, 2025

The following intake(s) were inspected:

- One intake related to sexual abuse of a resident.
- One intake: -complainant related to the neglect of a resident.
- One intake: related to neglect of a resident.

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

Resident Care and Support Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Responsive Behaviours

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Reporting certain matters to Director

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

**Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The home failed to immediately report the allegation of abuse of a resident that resulted in harm or a risk of harm to the resident.

A Critical Incident Report (CIR) was submitted to the Director about an allegation of abuse towards a resident by another resident.

The home's internal investigation indicated they became aware of the allegation of the abuse, but the Director was not notified immediately.

**Sources:** CIR, residents' health record, the home's internal investigation, and interviews with the Director of Care (DOC) and Registered Practical Nurse (RPN).

## WRITTEN NOTIFICATION: Dealing with complaints

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

**Non-compliance with: O. Reg. 246/22, s. 108 (2)**

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

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- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (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;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

The Substitute Decision Maker (SDM) for the resident shared a written complaint emailed to the home with an allegation of neglect.

The home's complaints binder failed to include documentation of the SDM's complaint that included the nature of the complaint, actions taken with the respective dates, responses and if a final resolution had been achieved. The Clinical Nurse Manager, staff confirmed the complaint had not been entered into the monthly log for the documented record.

**Sources:** CIR, Home's Complaint Binder -Client Service Response Form, and interview with the Clinical Nurse Manager.

## **WRITTEN NOTIFICATION: Emergency plans**

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

**Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. vi.**

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,  
vi. medical emergencies,

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The licensee failed to ensure that the emergency plan which included information about dealing with medical emergencies, was complied with when resident was presented with a health-related event.

In accordance with O. Reg 246/22, s 11(1) (b), the licensee is required to ensure the written policy developed for the management of medical emergencies was complied with.

Specifically, the home's "Code Blue- Medical Emergency" policy indicated the home will initiate an immediate response to a medical emergency, including a resident that required immediate assistance with medical intervention.

The resident experienced a health-related event as confirmed by progress notes and hospital records. The registered staff on duty responded to the event, with medical emergency services being contacted last in the response sequence. The Director of Care (DOC) confirmed that, in a medical emergency of this nature, immediate contact with emergency medical services should have been the first course of action.

**Sources:** Resident's health records, the Home's Code Blue- Medical Emergency policy, and interviews with Registered Nurse (RN) and the DOC.

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