

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: April 23, 2026

Inspection Number: 2026-1408-0002

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): April 16, 17, 20, 21, 22, and 23, 2026.

The following intake(s) were inspected:

-Intake related to alleging staff to resident abuse

-Intake related to a complaint alleging abuse

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

Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary;

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or

Resident care plan was not revised to reflect alteration in skin integrity and interventions.

Registered Nurse (RN) and Personal Support Worker (PSW) confirmed the resident's care plan should have been updated.

Sources: Resident's clinical records, the home's policies, and interview with the RN and PSW.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The resident did not receive a skin assessment for their altered skin integrity by registered staff utilizing a clinically appropriate assessment instrument.

Registered Practical Nurse (RPN) and RN confirmed the resident should have been initially assessed using the wound application.

Sources: Resident's clinical records, the home's policies, and interviews with RPN and RN.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure

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injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The resident did not receive a weekly skin assessment for their altered skin integrity carried out by the registered staff.

RPN and RN confirmed that the resident should have had a weekly skin assessments carried out.

Sources: Resident's clinical records, the home's policies and interviews with RPN and RN.

WRITTEN NOTIFICATION: Skin and wound care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (d)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated; and

The resident did not have a repositioning schedule implemented.

The PSW confirmed the resident was unable to turn themselves in bed, required total staff assistance, and did not have a repositioning schedule in place.

Sources: Resident's clinical records, the home's policies, and interview with a PSW.

WRITTEN NOTIFICATION: Skin and wound care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (e)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a

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worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

Resident was not referred to the Registered Dietitian (RD) when resident presented with altered skin integrity and the clinical records did not indicate a referral was sent.

The RN confirmed that a referral to the RD should have been implemented.

Sources: Resident's clinical records, the home's policies, and interview with an RN.



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

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