



**Ministry of Health and Long-Term Care**

**Ministère de la Santé et des Soins de longue durée**

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

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

**Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch**

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**Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité**

**Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|--------------------------------|--|
| Dec 12, 2012                                   | 2012_168202_0020                              | T-2084-12                      | Critical Incident System                           |

**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**

VALERIE JOHNSTON (202)

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



The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 26, 27, 2012 (Facility) and November 28, 30, 2012, December 03, 12, 2012 (Office)

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Clinical Nurse Supervisor, Registered Nursing Staff, Physiotherapy Assistant, Personal Support Workers, Residents

During the course of the inspection, the inspector(s) observed the provision of care to residents, reviewed clinical records, reviewed video surveillance for October 16, 2012, reviewed the home's policy titled Resident Rights

The following Inspection Protocols were used during this inspection:  
Dignity, Choice and Privacy  
Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

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

| Legend                             | Legendé                               |
|------------------------------------|---------------------------------------|
| WN – Written Notification          | WN – Avis écrit                       |
| VPC – Voluntary Plan of Correction | VPC – Plan de redressement volontaire |
| DR – Director Referral             | DR – Aiguillage au directeur          |
| CO – Compliance Order              | CO – Ordre de conformité              |
| WAO – Work and Activity Order      | 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. 3. Residents' Bill of Rights**

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

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**
- 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**



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1. The licensee failed to ensure that all residents are cared for in a manner consistent with his or her needs. [s.3. (1) 4]

Resident #001 was sent to hospital for further assessment on an identified date in 2012, and returned to the home with a diagnosis of bilateral hip injury.

Clinical record review identifies resident #001 as being non-ambulatory and non-weight bearing, requiring a two person mechanical lift transfer by a Hoyer lift and specified that the sit to stand lift is not to be used.

Progress notes for resident #001 were reviewed for an identified period of time which revealed that resident #001 was transferred nineteen times by the Power of Attorney (POA) alone, with and/or without the use of the mechanical lift.

Staff interviews revealed that the (POA) for resident #001 self-transfers this resident several times per day either manually or by using a mechanical sit to stand lift alone.

An interview with the Executive Director confirmed that resident #001 had been transferred mechanically and manually by the (POA) on many occasions during an identified period of time. [s. 3. (1) 4.]



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***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 residents are cared for in a manner consistent with his or her needs, to be implemented voluntarily.***

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Issued on this 12th day of December, 2012

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

A handwritten signature in black ink, appearing to be "J. A. D.", written in a cursive style.