

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

Amended Public Report Cover Sheet (A2)

Amended Report Issue Date: October 6, 2023

Original Report Issue Date: May 30, 2023 Inspection Number: 2023-1310-0002 (A2)

Inspection Type:

Complaint Critical Incident

Licensee: Mackenzie Health

Long Term Care Home and City: Mackenzie Health Long Term Care Facility, Richmond Hill

Amended By

Inspector who Amended Digital Signature

Ramesh Purushothaman (741150)

AMENDED INSPECTION SUMMARY

The inspection report has been amended to reflect the change in compliance due date from September 29, 2023, to October 31, 2023, for CO #001.



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Inspection Number: 2023-1310-0002 (A2)

Inspection Type:
Complaint
Critical Incident

Licensee: Mackenzie Health

Long Term Care Home and City: Mackenzie Health Long Term Care Facility, Richmond Hill

Lead Inspector
Ramesh Purushothaman (741150)

Additional Inspector(s)
Arther Chandramohan (000720)

Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

The inspection report has been amended to reflect the change in compliance due date from September 29, 2023, to October 31, 2023, for CO #001.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 15-19, 23-24, 2023

The following intakes were completed in this complaint inspection:

- Intake #00012134 was related to an injury of unknown cause.
- Intake #00014235 was related to potential physical abuse.
- Intake #00020416 and #00022102 were regarding care related concerns.



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The following intakes were completed in this Critical Incident (CI) inspection:

- Intake #00022188/ CIS #2825-000015-23 was related to potential neglect.
- Intake #00012316/ CIS#2825-000044-22 was related to an injury of unknown cause.
- Intake #00014188/ CIS #2825-000049-22 was related to potential physical abuse.

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

Resident Care and Support Services Infection Prevention and Control Safe and Secure Home

AMENDED INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

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

The licensee failed to ensure that the plan of care was revised when the care set out in the plan was no longer necessary.

Rationale and Summary:

The plan of care for the resident indicated to complete an assessment every shift and reposition every two hours and as needed.

Staff indicated that the assessment was no longer required. They mentioned that the repositioning schedule was not required during the daytime as resident was able to reposition themselves.

Staff revised the careplan to reflect the current care needs of the resident.



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There was no impact to resident as necessary care was not missed. There was minimal risk by the careplan not being revised when the care set out in the careplan was no longer necessary.

Sources: Observation of resident, interview with staff, and record review of careplan.

[000720]

Date Remedy Implemented: May 17, 2023

COMPLIANCE ORDER CO #001 Elevators

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 13

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 13 [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

- 1. Measures to address elevator security in the home to restrict resident access to non-residential areas of the building, specifically:
 - a. Unauthorized access to non-residential areas on the second floor.
 - b. Unauthorized access to the rear door on the service elevator.
 - c. Unauthorized access to the ground floor to exit the home.
- 2. A timeline and persons responsible for completing each item above prior to the compliance due date.

Please submit the written plan for achieving compliance for inspection #2023-1310-0002 to Ramesh Purushothaman, LTC Homes Inspector, MLTC, by email by June 13, 2023.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds:

The licensee has failed to ensure that any elevators in the home were equipped to restrict resident access to areas that are not to be accessed by residents.



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Rationale and Summary

The Long-Term Care Home is located on the third, fourth and fifth floors of building A, which is shared with the hospital. The home has three elevators, including a service elevator. The service elevator has an additional rear door which opens to the second, third and fifth floor storage areas.

Observations showed that the residents, staff, and visitors had unrestricted access to all three elevators to access all the floors of the building including the ground floor where the building's exit was located. Additionally, the rear door of the service elevator would give residents access to a storage area on the second floor and the dirty soiled utility areas on the third and fifth floors. These non-residential areas did not have access to the resident and staff communication and response system.

On the second floor, upon exiting the elevators, there was a door on the right side with a sign for construction zone and a door equipped with a keypad lock. During observations, there was no security at the door for a certain period of time, preventing access to the construction zone and the door leading to the construction zone could be opened without a security code.

The acting Administrator acknowledged that residents could access non-residential areas of the storage and supply rooms, construction zone and potentially exit the home from the ground floor. They recognized the potential risk of residents entering these areas, including elopement, and indicated that have started to work on getting a vendor to carry feasibility study to be able to install card readers on the elevators.

In failing to adequately secure the elevators, residents were at a risk of entering unsafe restricted areas and elopement.

Sources: Observations of elevators and accessible areas, interviews with acting Administrator.

[741150]

This order must be complied with by October 31, 2023.



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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator Long-Term Care Inspections Branch Ministry of Long-Term Care 438 University Avenue, 8th floor Toronto, ON, M7A 1N3

e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document



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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar 151 Bloor Street West, 9th Floor Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator Long-Term Care Inspections Branch Ministry of Long-Term Care 438 University Avenue, 8th Floor Toronto, ON, M7A 1N3

e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.