

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

Original Public Report

Report Issue Date: October 18, 2024

Inspection Number: 2024-1310-0005

Inspection Type:

Complaint

Critical Incident

Licensee: Mackenzie Health

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 15 -17, 2024

The following intake(s) were inspected:

- Intake: #00121015 - CIS #2825-000036-24 - regarding alleged staff to resident physical abuse.
- Intake: #00123715 - CIS #2825-000043-24 - regarding a fall with injury and transfer to hospital.
- Intake: #00124999 - CIS #2825-000046-24 - regarding a fall with injury and transfer to hospital.
- Intake: #00125886 - Complaint regarding resident care and services.

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

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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 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to transfer a resident as per their plan of care.

Sources: Resident progress notes, care plan and interviews with the Director of Care (DOC) and a Registered Practical Nurse (RPN).

WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that their written policy related to promoting zero tolerance of abuse and neglect of residents was complied with. A review of the licensee's policy "Zero Tolerance to Resident Abuse and Neglect (LTC)" indicated

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that immediate reporting is required, however, an allegation of staff to resident abuse was not reported to the Ministry of Long-term Care for four days.

Sources: A Critical Incident System (CIS) report, the Zero Tolerance to Resident Abuse and Neglect (LTC) Policy, investigation notes, and interviews with a Registered Nurse (RN) and the Administrator .

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with additional requirement 9.1 (b) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee has failed to ensure that Routine Practices were followed in the IPAC program, specifically related to the completion of hand hygiene by a RPN during medication administration.

Sources: Observations made by an Inspector.



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

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