

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

## Public Report

**Report Issue Date:** May 16, 2025

**Inspection Number:** 2025-1332-0002

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Extendicare (Canada) Inc.

**Long Term Care Home and City:** Extendicare Brampton, Brampton

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: May 1, 2, 5-9, 14-16, 2025

The inspection occurred offsite on the following dates: May 12 and 13, 2025

The following intakes were inspected:

- Intake #00141895 regarding an improper transfer of a resident.
- Intake #00145753 regarding an allegation of staff to resident abuse.
- Intake #00145988 regarding concerns about a resident care.
- Intake #00144893 regarding an allegation of staff to resident abuse.
- Complaint intakes #00145154, #00146928, and #0139998 regarding concerns about a resident's care, and falls prevention and management.
- Intake #00145670 - Patient Ombudsman case regarding concerns regarding a resident's care and the home's maintenance program.

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

Resident Care and Support Services  
Housekeeping, Laundry and Maintenance Services  
Food, Nutrition and Hydration  
Prevention of Abuse and Neglect  
Pain Management

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Falls Prevention and Management

## 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, 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; or

The licensee has failed to ensure that a resident's plan of care related to falls prevention was reviewed and revised when the resident's care needs changed and two interventions were no longer necessary.

The resident's plan of care was revised to include the updated information related to resident's falls prevention interventions.

Sources: Long-Term Care Homes (LTCH) Inspector's observations, a resident's care plan, progress notes and an interview with two PSWs, and the home's Falls Lead and the Interim Director of Care. (DOC)

Date Remedy Implemented: May 5, 2025

### WRITTEN NOTIFICATION: Plan of care

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NC #002 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.

a) The licensee has failed to ensure that a resident's plan of care related to the resident's locomotion was implemented. When staff did not provide the required supervision, they could not intervene in a timely manner if the resident had gait or balance issues.

Sources: LTCH Inspector's observation, a resident's care plan and interviews with a PSW, and home's Falls Lead.

b) The licensee has failed to ensure that the care set out in the plan of care for a resident related to an activity of daily living task was provided as specified in the plan. As a result, the resident fell and experienced pain.

Sources: A Critical Incident (CI), a resident's clinical record, and an interview with an ADOC.

**WRITTEN NOTIFICATION: General requirements**

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

**Non-compliance with: O. Reg. 246/22, s. 34 (2)**

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that a resident's falls prevention intervention was documented. Failure to document made it difficult to evaluate the effectiveness of

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the intervention and determine when the monitoring was completed.

Sources: a resident's clinical records, and interviews with a PSW and the home's Falls Lead and the interim DOC.

## **WRITTEN NOTIFICATION: Falls prevention and management**

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

**Non-compliance with: O. Reg. 246/22, s. 54 (2)**

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that on when a resident fell, a post fall assessment was conducted using a clinically assessment tool that was specifically designed for falls. When a post fall assessment was not conducted, the fall risk review, root cause analysis and a follow up plan and recommendations to prevent future falls were not completed.

Sources: a resident's clinical records and an interview with the home's Falls Lead.

## **WRITTEN NOTIFICATION: Pain management**

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

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 1.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

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The licensee has failed to ensure that a resident who was cognitively impaired had their pain assessed as specified in the home's pain policy.

In accordance with O. Reg 246/22 s.11. (1) b, the licensee is required to implement pain assessments methods for residents who are cognitively impaired.

On several occasions when a resident had pain, a pain assessment as specified in the home's policy was not completed. When the resident's pain was not assessed as specified in the home's pain policy, the resident was at risk for worsening pain.

Sources: a resident's clinical records, the home's Pain Identification and Management policy and interviews with a Registered Practical Nurse (RPN) the home's Pain Lead and the Interim DOC.

## **WRITTEN NOTIFICATION: Pain management**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The licensee has failed to ensure that a resident's response to, and the effectiveness of pain management interventions were monitored as specified in the home's pain management policy.

In accordance with O. Reg 246/22 s.11. (1) b, the licensee is required to monitor residents' responses to, and the effectiveness of, the pain management strategies.

On several occasions staff did not assess a resident's responses and effectiveness

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to the pain management interventions post analgesia as specified in the home's policy.

Sources: a resident's clinical records, the home's Pain Identification and Management policy) and interviews with the home's Pain Lead and the Interim DOC