

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

North District  
159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Public Report

<b>Report Issue Date:</b> May 12, 2026
<b>Inspection Number:</b> 2026-1152-0003
<b>Inspection Type:</b> Complaint Critical Incident
<b>Licensee:</b> Extendicare (Canada) Inc.
<b>Long Term Care Home and City:</b> Extendicare Haliburton, Haliburton

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: May 4-7, 2026

The following intakes were inspected:

- ▢ One intake related to an incident involving a resident resulting in injury.
- ▢ One intake related to allegations of improper/incompetent care of a resident.
- ▢ One complaint regarding care of a resident
- ▢ One complaint regarding operations of the home.

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

Resident Care and Support Services  
Palliative Care

## 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)

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**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

A resident's plan of care indicated that a specific intervention was in place; however, the resident was observed with a different intervention in place. The resident's plan of care was revised accordingly to reflect the appropriate intervention.

Sources: Observations; review of a resident's electronic health record; and interviews with staff and the Director of Care (DOC).

Date Remedy Implemented: May 6, 2026

**WRITTEN NOTIFICATION: Plan of care**

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 resident did not receive care in accordance with their plan of care.

Sources: A resident's electronic health record, the home's documentation tools; and interviews with registered staff and the DOC.

**WRITTEN NOTIFICATION: Plan of care**

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

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:  
1. The provision of the care set out in the plan of care.

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A review of a resident's health records revealed that the care provided was not consistently documented.

Sources: A resident's health records and the home's documentation tool; and interviews with registered staff.

### **WRITTEN NOTIFICATION: Licensee must investigate, respond, and act**

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

#### **Non-compliance with: FLTCA, 2021, s. 27 (2)**

Licensee must investigate, respond and act

s. 27 (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

The finalized Critical Incident System (CIS) report did not include the results of the investigation undertaken by the home.

Sources: CIS report; and an interview with the Administrator.

### **WRITTEN NOTIFICATION: Reporting certain matters to the Director**

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

#### **Non-compliance with: FLTCA, 2021, s. 28 (1) 1.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

Allegations of improper/incompetent care of a resident were not immediately reported to the Director.

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Sources: CIS report; and an interview with the Administrator.

## WRITTEN NOTIFICATION: Dealing with complaints

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

**Non-compliance with: O. Reg. 246/22, s. 108 (1) 3.**

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. The response provided to a person who made a complaint shall include,
  - i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,
  - ii. an explanation of,
    - A. what the licensee has done to resolve the complaint, or
    - B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and
  - iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

The licensee's response to a complaint did not include all of the required information.

Sources: CIS report; and an interview with the Administrator.



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

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