

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

Ottawa District  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

Report Issue Date: July 19, 2024

Inspection Number: 2024-1171-0005

Inspection Type:

Complaint

Critical Incident

Follow up

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Laurier Manor, Gloucester

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 11, 12, 15, 16, 17, 18, and 19, 2024

The following intake(s) were inspected:

- Intake: #00116442 - Follow-up #: 2 - O. Reg. 246/22 - s. 138 (1) (a) (ii)
- Intake: #00116443 - Follow-up #: 1 - O. Reg. 246/22 - s. 102 (2) (b)
- Intake: #00116741 - CIR #2665-000034-24 -Fall of resident, for which the resident was sent to the hospital, resulting in a significant change in the resident's condition.
- Intake: #00117061 - Complaint regarding the refusal of an applicants application for a bed at the LTCH.
- Intake: #00118771 - Complaint of alleged abuse or neglect of a resident.

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## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1171-0002 related to O. Reg. 246/22, s. 138 (1) (a) (ii) inspected by Shevon Thompson (000731)

Order #001 from Inspection #2024-1171-0002 related to O. Reg. 246/22, s. 102 (2) (b) inspected by Shevon Thompson (000731)

The following Inspection Protocols were used during this inspection:

- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management
- Admission, Absences and Discharge

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Source: Resident's electronic health record, Behaviour Support Tip Sheet, interview with PSW staff and ADOC. [000731]

## WRITTEN NOTIFICATION: Licensee consideration and approval

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

Non-compliance with: FLTCA, 2021, s. 51 (7) (b)

Authorization for admission to a home

s. 51 (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 50 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,

(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or

The licensee has failed to comply with FLTCA 2021 s. 51 (7) (b) whereby the



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

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licensee's refusal of an applicant's admission to the home was not based on the applicant's assessment and the information related to the applicant's care requirements.

Source: Home's application file and interview with ADOC. [000731]