

**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

## Public Report

**Report Issue Date:** April 8, 2025

**Inspection Number:** 2025-1171-0002

**Inspection Type:**

Proactive Compliance Inspection

**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): March 26, 27, 28, 31, 2025 and April 1, 2, 3, 4, 7, 8, 2025

The following intake(s) were inspected:

- Intake: #00143329 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Residents' and Family Councils  
Food, Nutrition and Hydration  
Medication Management  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Quality Improvement  
Staffing, Training and Care Standards  
Residents' Rights and Choices

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Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Doors in a home

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that doors leading to non-resident areas on home areas were kept closed and locked when not supervised by staff. On one day, a storage closet, a nursing stock room and three tub rooms were found to be unlocked and unsupervised by staff.

Sources: Observations on resident home areas.

### WRITTEN NOTIFICATION: General Requirements

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections

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11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that the skin and wound program evaluation included a written summary of the changes made to the program and the date that those changes were implemented.

Sources: Skin and wound evaluation document, and interview with the Skin and Wound Lead.

## **WRITTEN NOTIFICATION: IPAC Training**

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

**Non-compliance with: O. Reg. 246/22, s. 259 (2) (h)**

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,  
(h) handling and disposing of biological and clinical waste including used personal protective equipment.

The licensee has failed to ensure that staff are trained on the handling and disposing of biological and clinical waste including used personal protective equipment. Specifically, a Personal Support Worker (PSW) and a Registered Practical Nurse (RPN) did not have training on the handling and disposing of biological and clinical waste including used personal protective equipment for the year 2024.

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Sources: Training records, interview with IPAC lead and administrator.