

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: April 22, 2025

Inspection Number: 2025-1369-0003

Inspection Type:

Critical Incident

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Mississauga, Mississauga

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: April 8-10, 15, 17, 22, 2025.

The following intake was inspected:

- Intake: #00129272 related to resident care and support services.

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

Resident Care and Support Services
Infection Prevention and Control

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 (10) (b)

Plan of care

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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 failed to ensure that the resident's care plan was revised when the resident's care needs changed, and care was no longer necessary.

A) The resident's care needs increased. Revisions were made to the care plan; however, existing interventions related to sleep and rest preferences that were no longer necessary were not revised or resolved.

B) The resident's care needs changed. The care plan was revised to reflect changes in needs; however, interventions that were no longer necessary were not revised or resolved.

Sources: Resident's care plan; interviews with staff.

WRITTEN NOTIFICATION: Continence Management Program

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 3.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

The licensee has failed to comply with the home's continence management program when a continence assessment was not conducted for a resident,

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following a change in condition.

In accordance with O. Reg 246/22, s. 11(1)(b), the licensee is required to ensure that written policies developed for the continence care and bowel management program were complied with.

Specifically, the home's continence management policy indicated a continence assessment is to be completed using a clinically appropriate tool specifically designed for assessing continence with any deterioration in continence level and any change in condition that may affect bladder and bowel continence. When the resident had a change in condition an assessment was not completed.

Sources: Resident's clinical records; Extendicare Continence Management Program Policy, interviews with staff.

WRITTEN NOTIFICATION: Skin and Wound

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that multiple areas of altered skin integrity were reassessed at least weekly over a three week period.

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Sources: Extendicare Skin and Wound Program: Wound Care Management Policy, progress notes; resident's clinical records; interview with staff.