

Public Report

Report Issue Date: November 5, 2025

Inspection Number: 2025-1175-0004

Inspection Type:

Proactive Compliance Inspection

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Port Stanley, Port Stanley

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 28, 29, 30, & 31, 2025 and November 3 & 5, 2025.

The inspection occurred offsite on the following date(s): November 4, 2025

The following intake(s) were inspected:

- Intake #00161133 - Proactive Compliance Inspection (PCI)

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

Contenance Care

Infection Prevention and Control

Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Police record checks

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

Non-compliance with: FLTCA, 2021, s. 81 (2)

Screening measures

s. 81 (2) The screening measures shall include police record checks, unless the person being screened is under 18 years of age.

Screening measures, including police record checks, were not obtained for multiple staff members prior to working in the home.

Sources: Interview with the Director of Resident Care (DRC) and Administrator, and a review of staff records.

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) 1.

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

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The home was unable to provide a written description of the organized program of nursing services and organized program of personal support services.

Sources: Interview with the DRC

WRITTEN NOTIFICATION: Qualifications of personal support workers

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

Non-compliance with: O. Reg. 246/22, s. 52 (4)

Qualifications of personal support workers

s. 52 (4) A licensee of a long-term care home is not required to comply with the requirements set out in this section until January 1, 2026, as long as the person hired as a personal support worker or to provide personal support services, in the reasonable opinion of the licensee, has the adequate skills, training and knowledge to perform the duties required of that position.

The home was unable to determine how staff members hired to provide personal support services had the adequate skills, training and knowledge to perform the duties of their position.

Sources: Resident list of staff members staff hired; Interview with the DRC

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (1) 5.

Continence care and bowel management

s. 56 (1) The continence care and bowel management program must, at a minimum, provide for the following:

5. Annual evaluation of residents' satisfaction with the range of continence care products in consultation with residents, substitute decision-makers and direct care staff, with the evaluation being taken into account by the licensee when making

purchasing decisions, including when vendor contracts are negotiated or renegotiated.

The annual evaluation of residents' satisfaction with the range of continence care products was not completed by the home.

Sources: Record review of 2024 Resident and Family Experience Survey for Extencicare Port Stanley; interview with the DRC

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

The Director of Resident Care (DRC) verified that the continence assessments for two residents were not complete.

Sources: residents clinical records; and an interview with the DRC

COMPLIANCE ORDER CO #001 Training

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 82 (2)

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 28 to make mandatory reports.
5. The protections afforded by section 30.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

A) Develop a monitoring process (e.g. checklist) to ensure that any staff hired, including pursuant to a contract, complete the required online and in-person orientation training specific to their roles and responsibilities. The monitoring

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processes will contain the following details, including but not limited to: staff designation, legislative reference and training topics to be completed, and training delivery method. Maintain a record of the monitoring process (e.g. checklist) development until this order is complied by an inspector.

B) Implement the monitoring process developed in part A) within the home to ensure that all staff, including staff hired pursuant to a contract, are provided orientation training. Maintain a record of the implemented monitoring process and training, including staff names and designation, delivery method, who provided the training, and date(s) the training was completed, until complied by an inspector.

C) Conduct a review to demonstrate how all agency staff hired in the home to provide personal support services to residents have the adequate skills, training and knowledge to perform the duties of their position. Maintain a record of the review which is to include, but not limited to: training provided by the home, and certification or skills/knowledge specific to their role.

D) Ensure that a review of the home's training and orientation program is completed and includes the processes for training as described in part A) of this order. Maintain a record of the program review, persons involved, date(s) and a summary of the changes, until this order is complied by an inspector.

Grounds

Employees of the licensee and staff hired pursuant to a contract had not completed all components of orientation training before performing their responsibilities in the home.

The definition of "staff", in relation to a long-term care home, means persons who work in the home,

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- (a) as employees of the licensee,
- (b) pursuant to a contract or agreement with the licensee, or
- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel").

Rationale and Summary

A) A staff member who provided direct care to a resident confirmed that they had not received orientation training by the home.

Upon review, the home had not provided orientation training to eight currently employed staff members.

Sources: Interview with staff, DRC and the Administrator; and staff records.

B) A review of a staff members training records indicated various training topics were not included as part of their orientation training. The home Administrator acknowledged that there was no orientation checklist or monitoring process in place to determine what training the staff member had completed.

Sources: Review of employee records; interview with the Administrator and DRC

This order must be complied with by December 19, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator

Long-Term Care Inspections Branch

Ministry of Long-Term Care

438 University Avenue, 8th floor

Toronto, ON, M7A 1N3

e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar



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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.