

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

Report Issue Date: August 8, 2025

Inspection Number: 2025-1125-0001

Inspection Type:

Critical Incident

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Tri-Town, Haileybury

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: July 28-31, 2025, and August 1, 2025

The following intakes were inspected:

- Three intakes regarding infectious disease outbreaks
- One intake regarding neglect of a resident
- One intake regarding the improper/incompetent care of a resident.

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

Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was not neglected by staff.

Sources: Critical Incident Submission (CIS) report, a resident's care plan, and the licensee's policy regarding zero tolerance of abuse and neglect; and an interview with the Administrator/Director of Care (DOC) and a staff member.

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

NC #002 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 licensee has failed to ensure that the Director was informed of the results of the investigation and actions taken in response to allegations of staff abuse toward a resident.

Sources: CIS report, and the licensee's policy regarding investigation of abuse and neglect; and an interview with the Administrator/DOC.

WRITTEN NOTIFICATION: Reporting certain matters to the

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Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

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:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that the Director was notified immediately when the home had reasonable grounds to suspect neglect and improper/incompetent care of residents by staff members.

Sources: A CIS report, a resident's progress notes, and the licensee's policy regarding responding to and mandatory reporting of abuse and neglect; and an interview with the Administrator/DOC and a staff member.

WRITTEN NOTIFICATION: Skin and wound care

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

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

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,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically

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designed for skin and wound assessment.

The licensee has failed to ensure that a registered nursing staff member conducted a skin assessment using a clinically appropriate skin and wound assessment tool after a resident was found to have impaired skin integrity.

Sources: A resident's electronic health record, the licensee's skin and wound program; and an interview with the Administrator/DOC.

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) (d)

Continence care and bowel management

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

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time.

The licensee has failed to ensure that staff provided timely assistance to a resident who experienced frequent incontinence, in order to support their continence care.

Sources: CIS report, a resident's care plan and progress notes; and an interview with the Administrator/DOC and a staff member.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that standards or protocols issued by the Director concerning Infection Prevention and Control (IPAC), were complied with. Specifically, the requirement to conduct debrief sessions with the Outbreak Management Team (OMT) and the interdisciplinary IPAC team following the resolution of outbreaks.

Sources: CIS reports, Outbreak management files, the licensee's outbreak management guide and policies; and the IPAC Standard for Long-Term Care Homes (LTCHs); and an interview with the IPAC Manager.

WRITTEN NOTIFICATION: Infection prevention and control

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)

Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts.

The licensee has failed to ensure that the home complied with its written outbreak management system for identifying and reporting infectious disease outbreaks, as

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required under the Health Protection and Promotion Act (HPPA) and as outlined in Ontario Regulation (O. Reg. 246/22) (11) (1) (b).

Specifically, the home failed to promptly implement additional precautions for a symptomatic resident and delayed reporting to the local Public Health Unit (PHU), as required by the case definition for declaring an outbreak.

Sources: CIS report, outbreak management file, the home's outbreak plan, the licensee's outbreak management guide and policy; and an interview with the IPAC manager.

WRITTEN NOTIFICATION: Infection prevention and control

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (11) (b)

Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(b) a written plan for responding to infectious disease outbreaks. O. Reg. 246/22, s. 102 (11).

The licensee has failed to ensure that the home complied with its outbreak management system, including compliance with its written plan for responding to infectious disease outbreaks, as set out in O. Reg. 246/22, sections 102 (11) (b) and 11 (1) (b).

Specifically, the home was unable to demonstrate that the Outbreak Management Team (OMT) convened during two infectious disease outbreaks that occurred within a specified period of time.

Sources: CIS reports, Outbreak management files, the home's outbreak plan, the

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licensee's guide and policy for outbreak management; and an interview with the IPAC manager.

WRITTEN NOTIFICATION: Notifications re incidents

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 104 (1) (a)

Notification re incidents

s. 104 (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident, (a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being.

The licensee has failed to ensure that a resident's Substitute Decision Maker (SDM) was immediately notified of a suspected incident of abuse that occurred on an identified date, which caused the resident distress.

Sources: CIS report, a resident's progress notes, and the licensee's policy regarding responding to and mandatory reporting of abuse and neglect; and an interview with the Administrator/DOC.

WRITTEN NOTIFICATION: Police notification

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 105

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate

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police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

The licensee has failed to ensure that the appropriate police force was immediately notified about the allegation of neglect involving a resident by a staff member, which may have constituted a criminal offence.

Sources: CIS report, and the licensee's policy regarding responding to and mandatory reporting of abuse and neglect; and an interview with the Administrator/DOC.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

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

The licensee shall:

- a) Train all registered nursing staff on how to report suspected or confirmed outbreaks to the local Public Health Unit. This training should include a review of what defines an outbreak and when to start additional precautions.
- b) Create a written process to consistently monitor residents who show signs of

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infection. This must include documenting symptoms (or lack of symptoms) during every shift.

- c) Train all registered nursing staff on the processes established in sections a) and b).
- b). Keep a record of this training, including the dates and who attended.
- d) Develop a written process to check that staff are following the processes in sections a) and b). Include steps to identify and fix any issues in practice.

Grounds

The licensee has failed to ensure that residents who had symptoms indicating the presence of an infection were monitored every shift.

Rationale and Summary

Specifically, several residents who were identified as having symptoms of infection did not consistently have those symptoms monitored on every shift.

Failure to complete and document symptom surveillance every shift, put the residents at risk of discomfort and for delays in responding to their needs if their infections worsened.

Sources: Electronic health records of residents and the home's outbreak plan; and interviews with the IPAC Manager and a registered staff member.

This order must be complied with by September 30, 2025

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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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Director

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438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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.