

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: January 23, 2026

Inspection Number: 2026-1125-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: Extendicare (Canada) Inc.

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

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 19 to 23, 2026

The following intake was inspected:

- One intake related to a 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
- Medication Management
- Food, Nutrition and Hydration
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Residents' Rights and Choices
- Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

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Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 82 (4)

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

The Assistant Director of Care (ADOC) verified that staff who did not complete their annual retraining, completed it before the end of the inspection.

Sources: Education records, and the home's policy titled "Infection Prevention and Control"; and interviews with the ADOC and other staff.

Date Remedy Implemented: January 19, 2026.

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

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:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

On a specified date, a resident's plan of care was updated with their reassessed care needs.

Sources: A resident's health care record and the home's policy titled "Skin Assessment and Wound Guidelines"; observations; and interviews with the ADOC and other staff.

Date Remedy Implemented: January 22, 2026

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WRITTEN NOTIFICATION: Continuous quality improvement

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

Non-compliance with: FLTCA, 2021, s. 42

Continuous quality improvement

s. 42. Every licensee of a long-term care home shall implement a continuous quality improvement initiative as provided for in the regulations.

The licensee did not ensure that the Continuous Quality Committee (CQI) convened on a quarterly basis as required.

Sources: The home's CQI Terms of Reference and minutes of meeting; and an interview with the ADOC.

WRITTEN NOTIFICATION: Doors in a home

NC #004 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.

At the time of the inspection, the linen room and tub room doors were found unlocked and unsupervised by staff and hazardous substances were observed accessible inside the tub room.

Sources: An observation; the licensee's policy titled, "Door Surveillance and Secure Outdoor Areas"; and an interview with the ADOC.

WRITTEN NOTIFICATION: Continuous quality improvement

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

Non-compliance with: O. Reg. 246/22, s. 168 (3)

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Continuous quality improvement initiative report
s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The home did not provide a copy of the annual CQI report to the Residents' Council (RC).

Sources: The home's annual CQI report and RC Minutes of Meeting; and an interview with the Administrator-DOC.

WRITTEN NOTIFICATION: Emergency plans

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

Non-compliance with: O. Reg. 246/22, s. 268 (14) (b)

Emergency plans

s. 268 (14) Every licensee of a long-term care home shall ensure that staff, volunteers and students are trained on the emergency plans,
(b) at least annually thereafter.

Not all staff in the home completed the annual training on the "Code Grey" emergency plan related to the loss of essential services, specifically the loss of heat.

Sources: The licensee's policies titled, "Emergency Planning Program Requirements" and "Code Grey-Essential Services"; and interviews with the Administrator-DOC and staff members.

COMPLIANCE ORDER CO #001 Air temperature

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

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

The licensee shall:

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1) Develop and implement a written process outlining the immediate actions to take when the air temperature in any area of the home falls below 22 degrees Celsius. The process must specify:

- The actions taken and documented to address the low temperature;
- The person responsible for carrying out the actions; and
- How the effectiveness of the actions taken will be evaluated.

2) Train all staff responsible for responding to air-temperature concerns on the process described in section 1. Maintain a record of the training, including the dates and names of all participants.

3) Provide all staff with training on the "Code Grey" emergency plan, including procedures related to the loss of essential heat services. Maintain a record of this training, including the dates and participant names.

Grounds

The air temperatures in the home were not maintained at a minimum temperature of 22 degrees Celsius on multiple days, over a specified period of time.

Rationale and Summary

A review of the home's temperature monitoring logs revealed that a specific resident room never reached the required 22 degrees Celsius, and temperatures in a residents' lounge fell below 22 degrees Celsius on multiple dates. There was no documentation that corrective action was taken on any of those dates.

Failure to ensure that the air temperatures in the home were maintained above 22 degrees Celsius, placed residents at risk for discomfort.

Sources: The home's air temperature logs; and interviews with a resident and Administrator-DOC.

This order must be complied with by March 6, 2026

COMPLIANCE ORDER CO #002 Menu planning

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 77 (2) (c)

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Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle,
(c) is approved for nutritional adequacy by a registered dietitian who is a member of the staff of the home, and who must take into consideration,
(i) subsection (1),
(ii) the residents' preferences, and
(iii) current Dietary Reference Intakes (DRIs) relevant to the resident population. O. Reg. 246/22, s. 390 (1).

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

The licensee shall

- a) Ensure that the home's Registered Dietitian (RD) or a RD affiliated with the home, reviews and approves the current fall/winter menu for nutritional adequacy, and document the evaluation and any resulting menu changes.
- b) Develop and implement a written plan outlining how all future menu cycles will be reviewed and approved for nutritional adequacy by the home's RD, considering current Dietary Reference Intake (DRIs) and in accordance with O. Reg. 246/22, s. 77(2)(c), before the menu is implemented.

Grounds

The home's fall/winter menu was implemented on a specific date, without the home's RD approving the menu for nutritional adequacy.

Sources: Interviews with the RD and Administrator-DOC; record review of the Fall/Winter menu, the Weekly Nutrient Summary, Week 1,2,3 Ontario Menu FW 2025-2026, the Menu Planning in LTC And Canada's Food Guide (2019), dated 2020, and the home's policy titled, "Menu Planning".

This order must be complied with by March 6, 2026

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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

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

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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
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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

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.



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

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