

**Ministry of Long-Term Care**

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

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Public Report**

**Report Issue Date:** October 23, 2025

**Inspection Number:** 2025-1133-0005

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Extendicare (Canada) Inc.

**Long Term Care Home and City:** Summit Place, Owen Sound

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): October 16, 20-23, 2025

The following intake(s) were inspected:

- Intake #00156659 was related to responsive behaviours;
- Intake #00156970 was related to resident care and allegations of abuse; and
- Intake #00157759 was related to fall prevention and management.

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

- Resident Care and Support Services
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Resident Care and Support Services

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A staff member woke a resident to change their incontinence product in the evening shortly after they had gone to sleep. The care plan indicated that the resident was not be woke up at night.

**Sources:** Resident's clinical records, Client Services Response form, and interviews with staff.

### WRITTEN NOTIFICATION: Pain Management

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

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain

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management strategies.

The licensee failed to ensure that monitoring was completed as part of the homes pain management program for a resident responses to and the effectiveness of pain management strategies.

A) The home's procedure on pain assessment and evaluation stated the "Pain – Integrated Screen and Assessment" should be completed upon return from hospital or with new or worsened pain. When a resident returned from hospital on a specific date, this assessment tool was not completed.

B) On a specific date, a resident was given a pain medication. There was no documentation at the time of administration to assess if the resident was in pain, and there was no documentation after administration to assess the effectiveness of the pain medication.

**Sources:** Interviews with staff, discussion with the home's Executive Director, resident's clinical health records, the home's Pain Management Program, CARE12-P10, effective August 25, 2025, and the home's procedure on Pain Assessment and Evaluation, CARE12-P10.01, effective August 25, 2025.

## **WRITTEN NOTIFICATION: Medication Management System**

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

**Non-compliance with: O. Reg. 246/22, s. 123 (2)**

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all

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drugs used in the home.

The licensee failed to comply with the home's medication management program when a staff member administered a medication to a resident, but did not document this on the home's medication administration record (MAR).

**Sources:** Interview with staff, resident's clinical records, and the home's procedure on "LTC- Medication Management," CARE13-O10.01, effective August 31, 2016.