

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** January 31, 2025

**Inspection Number:** 2025-1409-0001

**Inspection Type:**

Critical Incident  
Follow up

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

**Long Term Care Home and City:** Extendicare Port Hope, Port Hope

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 23, 24, 27-31, 2025.

The following intake(s) were inspected:

- Intake: #00128740 - Follow-up #01-CO #003/2024\_1409\_0003, O. Reg. 246/22, s. 102 (9) (a), CDD 12/31/2024.
- Intake: #00128741 - Follow-up #01-CO #001/2024\_1409\_0003, FLTCA, 2021, s. 82 (2) 9, CDD 12/02/2024.
- Intake: #00128742 - Follow-up #01-CO #002/2024\_1409\_0003, O. Reg. 246/22, s. 102 (2) (b), CDD 12/02/2024.
- Intake: #00133561 - Follow-up #1 - CO #001 / 2024\_1409\_0004, O. Reg. 246/22 - s. 26, CDD January 17, 2025.
- Intake: #00133562 - Follow-up #1 - CO #002 / 2024\_1409\_0004, O. Reg. 246/22 - s. 93 (2) (b) (iii), CDD January 17, 2025
- Intake: #00134084 - related to disease outbreak.
- Intake: #00130507 - related to a fall resulting in an injury

### Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance:

Order #003 from Inspection #2024-1409-0003 related to O. Reg. 246/22, s. 102 (9)  
(a)

Order #001 from Inspection #2024-1409-0003 related to FLTCA, 2021, s. 82 (2) 9.

Order #002 from Inspection #2024-1409-0003 related to O. Reg. 246/22, s. 102 (2)  
(b)

Order #001 from Inspection #2024-1409-0004 related to O. Reg. 246/22, s. 26

Order #002 from Inspection #2024-1409-0004 related to O. Reg. 246/22, s. 93 (2)  
(b) (iii)

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

Housekeeping, Laundry and Maintenance Services

Safe and Secure Home

Infection Prevention and Control

Falls Prevention and Management

## INSPECTION RESULTS

### COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**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).

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

1. The IPAC Lead or designate shall provide education to all registered staff assigned to Penryn House and Augusta House on when and where appropriate precaution signage is to be posted for residents on additional precautions. A documented record of the following must be maintained:
  - Name of the person providing the education,
  - Date the education was provided,
  - Names of staff who received the education, and
  - Contents of the education provided.
2. The IPAC Lead or designate shall conduct daily audits in Penryn House and Augusta House for four weeks to ensure that residents on additional precautions have the appropriate signage posted correctly. Audit documentation must include:
  - Name of the auditor,
  - Date and time of the audit,
  - Rooms requiring additional precautions signage,
  - Location of the precaution signage,
  - Corrective actions taken if additional precautions signage is not posted correctly or removed, and
  - Names of staff members who received on-the-spot education, if applicable.
3. All audits and education records must be retained and made available to inspectors upon request.

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**Grounds**

The licensee has failed to ensure that the Infection Prevention and Control Program (IPAC) Standard for Long-Term Care Homes, issued by the Director was complied with.

In accordance with Additional Requirement 9.1 under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), At minimum Additional Precautions shall include: e) Point-of-care signage indicating that enhanced IPAC control measures are in place.

An Acute Respiratory Illness (ARI) - Respiratory Syncytial Virus (RSV) outbreak was declared.

Two resident rooms were observed with Personal Protective Equipment (PPE) caddies in front of the rooms, without posted precaution signages that could be seen indicating that either resident was on additional precautions.

A Registered Practical Nurse (RPN) confirmed that a resident who resided in one of the rooms was under additional precaution, and the precaution signage was not posted outside the room on the door.

A Personal Support Worker (PSW) confirmed that a resident who resided in the other room was under additional precaution and that there was no precaution signage posted.

IPAC lead confirmed that appropriate precaution signage should be posted outside the room on the door.

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Failure to ensure proper identification of residents on additional precautions during a respiratory outbreak increases the risk of spreading infectious agents within the home, compromising the health and safety of residents.

**Sources:** Observation and interviews with staff.

**This order must be complied with by** March 21, 2025

**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$16500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

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**Compliance History:**

WS# 2024-1409-0003 - Compliance Order - O. Reg. 246/22 s. 102 (2) (b) issued  
on 2024-10-07

WS# 2024-1409-0002 - Compliance Order - O. Reg. 246/22 s. 102 (2) (b) issued  
on 2024-07-24

WS# 2023-1409-0003 - Compliance Order - O. Reg. 246/22 s. 102 (2) (b) issued  
on 2023-08-18

This is the third AMP that has been issued to the licensee for failing to comply with  
this requirement.

Invoice with payment information will be provided under a separate mailing after  
service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by  
the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services  
(PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the  
licensee is attesting to using funds outside a resident-care funding envelope to pay  
the AMP.

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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  
151 Bloor Street West, 9<sup>th</sup> Floor



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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).