

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: August 8, 2025

Inspection Number: 2025-1332-0004

Inspection Type:

Complaint
Critical Incident

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Brampton, Brampton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 6-8, 2025

The following intake(s) were inspected:

- Intake: #00153501 -complaint related to allegation of improper care of a resident
- Intake: #00153620 -injury of a resident with significant change of health status

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints
Pain Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

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

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:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The home failed to immediately report an allegation of improper or incompetent treatment of resident.

Sources: review of a resident's clinical record, interview 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) 2.

Pain management

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

2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

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The home failed to ensure that strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids were utilized for a resident.

Sources: interview with staff, review of clinical record for a resident

**WRITTEN NOTIFICATION: Infection prevention and control
program**

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

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 home failed to ensure a resident's symptoms indicating the presence of infection were monitored in accordance with any standard or protocol issued by the Director.

Sources: review of a resident's clinical record and interviews with staff