

**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

## Original Public Report

**Report Issue Date:** July 5, 2024

**Inspection Number:** 2024-1176-0002

**Inspection Type:**

Complaint  
Critical Incident

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

**Long Term Care Home and City:** Extendicare Kirkland Lake, Kirkland Lake

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 3 to 6, 2024

The following intake(s) were inspected on:

One intake related to outbreaks;  
Two intakes related to falls;  
One intake related to resident care.

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

Infection Prevention and Control  
Falls Prevention and Management

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Reports re critical incidents

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

**Non-compliance with: O. Reg. 246/22, s. 115 (5) 3. v.**

Reports re critical incidents

s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

3. Actions taken in response to the incident, including,
  - v. the outcome or current status of the individual or individuals who were involved in the incident.

The licensee has failed to ensure that when required to inform the Director of an outbreak, they made a report in writing to the Director by the requested amendment dates.

**Rationale and Summary:**

Amendments were requested by the Director for a critical incident by the end of specified dates. However, the amendments were not received by those dates.

The DOC (Director of Care) confirmed that the amendment should have been provided by the requested date.

There was low impact and risk as a result of not providing the amendments by the specified dates.

**Sources:** A critical incident; Interview with DOC.

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## **COMPLIANCE ORDER CO #001 Falls prevention and management**

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 54 (2)**

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

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

Specifically, the licensee must:

A) Re-educate specified staff on specified assessments and required documentation, as per the home's policy and procedures. A documented record must be maintained of this education, including when the education was completed and the name of the person providing the education.

B) Develop and implement an auditing process to ensure that a specified assessment is completed each time it is required, as per the home's policies and procedures. A documented record must be maintained of this audit, including the date the audit was completed, who completed the audit, the name of the resident the audit was completed for, any concerns identified, and the corrective action taken as a result of the audit. The audits must be completed weekly for the next six weeks at a minimum.

**Grounds**

The licensee has failed to ensure that a specified assessment was conducted upon

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a resident sustaining a fall.

**Rationale and Summary**

A resident had a fall on a specified date, however, were not assessed with a specific assessment tool.

A staff member stated the resident was assessed; however, no documentation was identified in relation to this.

The risk to the resident was high.

**Sources:** A resident's electronic and physical chart, a policy of the home, staff interviews.

**This order must be complied with by** August 30, 2024

**COMPLIANCE ORDER CO #002 Plan of care**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

The licensee shall:

1. Complete weekly audits for a minimum of 4 weeks, auditing if a specific resident's care plan intervention is in place.

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2. Keep a written record of the auditing tool and document results of the audit, any concerns identified, and steps taken to resolve concerns.
3. Educate all staff who provide care to a specified resident on the specified care plan intervention.
4. Keep a written record of the date the training was provided, names of staff who received training, and contents of the training.

**Grounds**

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

**Rationale and Summary**

a) A Critical Incident (CI) report identified an incident that occurred. During a staff interview, it was identified that they took an action that was not identified in the resident's care plan.

The Director of Care (DOC) confirmed the action was taken, despite this intervention not being in the resident's care plan.

There was risk to the resident as a result of this action.

**Sources:** A CI report, a policy of the home, staff interviews.

**b)**

**Rationale and Summary:**

A resident's care plan identified a certain intervention that was to be in place. However, an incident occurred which identified that this intervention was not implemented as per the plan of care.

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A staff interview confirmed that the intervention was not implemented at the time of the incident.

DOC confirmed that it is their expectation that the care plan would have been followed in the incident.

There was moderate risk and moderate impact to the resident as a result of this.

**Sources:** A resident's electronic chart; A CI report; Interviews with staff.

**This order must be complied with by** August 30, 2024

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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

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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

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:



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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**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).