Ontario

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

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: March 17, 2025

Inspection Number: 2025-1369-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Mississauga, Mississauga

INSPECTION SUMMARY

This report has been modified to reflect administrative changes.

The inspection occurred onsite on the following date(s): February 25 - 27, 2025 and March 3 - 7, 10 - 14, 17, 2025.

The following intake(s) were inspected:

- Intake: #00140219 - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement

Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

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: 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.

The licensee has failed to ensure that doors leading to an electrical room on a home area were kept locked when not being supervised by staff.
The lock on the door was fixed within approximately 30 minutes.

Sources: Observations; interviews with staff.

Date Remedy Implemented: February 25, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 271 (1) (c) (ii)
Website
s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(c) direct contact information, including a telephone number and email address that are monitored regularly for,
(ii) the Administrator,

The licensee has failed to ensure that the home's website included direct contact information, including a telephone number and email address for the Administrator.

Sources: Review of the home's website; interview with the Director of Care (DOC).

Date Remedy Implemented: February 27, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 271 (1) (c) (iii)
Website
s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(c) direct contact information, including a telephone number and email address that are monitored regularly for,
(iii) the Director of Nursing and Personal Care, and

The licensee has failed to ensure that the home's website included direct contact information, including a telephone number and email address for the Director of Care.

Sources: Review of the home's website; interview with the DOC.

Date Remedy Implemented: February 27, 2025

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 271 (1) (c) (iv)
Website
s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(c) direct contact information, including a telephone number and email address that are monitored regularly for,
(iv) all infection prevention and control leads for the home;

The licensee has failed to ensure that the home's website included direct contact information, including a telephone number and email address for the Infection Prevention and Control Lead for the home.

Sources: Review of the home's website; interview with the DOC.

Date Remedy Implemented: February 27, 2025

WRITTEN NOTIFICATION: Plan of Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (2)
Plan of care
s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that the care set out in the plan of care for a resident was based on an assessment of the resident and on the needs and preferences of that resident related to bathing.

Sources: Care plan for a resident; interviews with staff.

WRITTEN NOTIFICATION: Windows

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 19
Windows
s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that several windows in the common areas of the home on the second floor accessible to residents had screens.

Sources: Tour of three home areas on the second floor; interviews with staff.

WRITTEN NOTIFICATION: Communication and response system

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 20 (f)
Communication and response system
s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(f) clearly indicates when activated where the signal is coming from; and

The licensee has failed to ensure that the resident-staff communication and response system clearly indicated where the signal was coming from when the call bell was activated.

Sources: Testing of call bells; review of home's policy "Nurse Call System"

(November 2023); interviews with staff.

WRITTEN NOTIFICATION: Air temperature

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

The temperate log provided by the home identified that the temperature in two residents' rooms was below 22 degrees Celsius on multiple days and times.

Sources: Observation of rooms; review of temperature logs; interviews with staff.

WRITTEN NOTIFICATION: Plan of care

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 19.
Plan of care
s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
19. Safety risks.

The licensee has failed to ensure that the plans of care for residents were based on the interdisciplinary assessment of the safety risks with respect to the residents.

The temperature report identified that two resident rooms reached temperatures below 22 degrees Celsius, and on some occasions reached up to 16.0 degrees Celsius for several hours. The plans of care did not identify safety risk associated with the heat loss for the identified residents.

Sources: Review of temperature report, review of residents' plans of care; interview with the DOC.

WRITTEN NOTIFICATION: General requirements

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.
General requirements
s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

A) The licensee has failed to ensure that the Pain Management program evaluation completed for year 2023, included changes made and the date that those changes were implemented.

Sources: Review of the annual program evaluation for the Pain Management program (year 2023); interview with the DOC.

B) The licensee has failed to ensure that the Skin and Wound Care program

evaluation completed for year 2023, included changes made and the date that those changes were implemented.

Sources: Review of the annual program evaluation for the Skin and Wound Care program (year 2023); interview with the DOC.

WRITTEN NOTIFICATION: Nursing and personal support services.

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 35 (4)
Nursing and personal support services
s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that the annual staffing plan evaluation completed for year 2023, included changes made and the date that those changes were implemented.

Sources: Review of the annual staffing plan evaluation (year 2023); interview with the DOC.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs

include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to ensure that the policy relating to nutritional care and dietary services and hydration program was complied with.

Specifically, the home failed to ensure that the Temperatures of Food at Point of Service policy was complied with.

The point of service food temperature record did not contain the temperature recordings for breakfast for two different dates.

Sources: Review of point of service food temperature record; review of the home's policy "Temperatures of Food at Point of Service" (last reviewed January 2022); interview with staff.

WRITTEN NOTIFICATION: Housekeeping

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee has failed to ensure that resident equipment was cleaned and disinfected after use.

A shower chair in a spa room was observed to be unclean.

Sources: Observation of resident equipment in a spa room; interviews with staff.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (3) 2. iii.
Reports re critical incidents
s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):
2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,
iii. a loss of essential services, or

The licensee has failed to inform the Director no later than one business day of the occurrence of heat loss for a period greater than six hours in a specified resident room.

Sources: Review of temperature report, home's internal procedure "Loss of Heat – Extendicare Mississauga Specific Plan"; interviews with staff.

WRITTEN NOTIFICATION: Medication management system

NC #015 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 drugs used in the home.

The licensee has failed to comply with the procedures related to narcotic count sheets and ensuring the correct count was documented and signed after administration of narcotics.

O. Reg. 246/22, s. 11 (1) (b) requires the licensee of a long-term care home to have, institute or otherwise put in place any system medication management and the licensee is required to ensure that the system, is complied with.

Specifically, the licensee has failed to comply with the MediSystem (August 2024) manual as evident in the following examples:

a) the narcotic individual count sheet was pre-signed and counted prior to the narcotic being administered to a resident.
b) the narcotic individual count sheet was not signed and counted right after the narcotic was administered to a resident.
c) the correct date and time of the count of narcotics at shift change was not documented on the narcotic count sheets.

Sources: Observation of medication pass; review of narcotic count sheets for residents, MediSystem manual (August 2024); interviews with staff.

WRITTEN NOTIFICATION: Safe storage of drugs

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (i)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,

The licensee has failed to ensure that only drugs and drug-related supplies were stored in the medication cart.

Items such as a keyboard, a cord and an envelope were found in the narcotic bin in the medication cart.

Sources: Observation of the medication pass; review of the MediSystem manual (August 2024); interview with DOC.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. i.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
6. A written record of,
i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

The licensee has failed to ensure that the report required on the continuous quality improvement (CQI) initiative for fiscal year 2024/2025, contained the written record of the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year, the dates the actions were implemented and the outcomes of the actions.

Sources: Review of the CQI initiative report dated April 1, 2024; review of the results of the family/resident satisfaction survey; interview with the Administrator.

COMPLIANCE ORDER CO #001 Skin and wound care

NC #018 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

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

The licensee shall:
-ensure that identified residents with altered skin integrity are reassessed at least weekly using the tool used in the home designed for assessing wounds.
-complete an audit in the home to ensure that all residents with altered skin integrity are reassessed weekly. This audit shall be completed every week until the compliance due date.

-the home shall keep a record of this audit, the date and who completed the audit, results of the audit and any actions taken.
-have a plan in place to ensure that weekly skin assessments are completed when the wound care champion is away. Ensure that all staff that have a role in the plan receive education on the plan and how it will be implemented.

Grounds

The licensee has failed to ensure that identified residents were reassessed at least weekly when they had an altered skin integrity.

Clinical records of identified residents indicated that a weekly skin assessment was not completed. The altered skin integrity had deteriorated for the identified residents.

Sources: Review of identified residents' clinical records; interviews with Wound Care Champion and the DOC.

This order must be complied with by April 30, 2025

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

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.