

**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 27, 2025

**Inspection Number:** 2025-1071-0001

**Inspection Type:**

Complaint  
Critical Incident

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

**Long Term Care Home and City:** Extendicare Oshawa, Oshawa

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 20, 21, 22, 23, 24, 2025

The following intake(s) were inspected:

- Intake: #00131669 - Complainant with concerns regarding medication management and recreation programs.
- Intake: #00131769 -Anonymous complainant regarding short supplies, staffing issues, medication errors, and Infection prevention and control (IPAC)
- Intake: #00132432- Alleged physical abuse of a resident by a staff
- Intake: #00132540- Alleged neglect of a resident
- Intake: #00133939 -Complainant with concerns of alleged visitor to resident abuse and IPAC concerns
- Intake: #00133997 -Enteric Outbreak
- Intake: #00135045 -Alleged physical abuse of resident by a staff

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

Resident Care and Support Services

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Medication Management  
Infection Prevention and Control  
Whistle-blowing Protection and Retaliation  
Prevention of Abuse and Neglect  
Reporting and Complaints

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Police notification

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

**Non-compliance with: O. Reg. 246/22, s. 105**

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

The licensee has failed to ensure that the appropriate police service is immediately notified of any alleged incident of abuse of a resident that the licensee suspects may constitute a criminal offence. On a specified date in December 2024, a resident reported a Personal Support Worker had been rough when providing per care. The licensee did not contact the police to notify them of the reported abuse.

Sources: Critical Incident and an interview with the ADOC.

### WRITTEN NOTIFICATION: Dealing with complaints

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

**Non-compliance with: O. Reg. 246/22, s. 108 (2) (c)**

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

The licensee has failed to ensure that there is a documented record of the type of action taken to resolve a complaint, including the date of action, time frames for actions to be taken and any follow up action required. Specifically, there was no documentation regarding a resolution meeting that occurred on a specified date in November 2024, with a complainant, as to the concerns that were discussed and how they were resolved for a laundry and fall concern.

Sources: Homes investigation notes, interview with DOC.

**WRITTEN NOTIFICATION: Administration of drugs**

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

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee has failed to ensure that drugs are administered to a resident in accordance with the directions for use specified by the prescriber. On a specified date in November 2024 a registered staff member incorrectly transcribed a

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medication ordered for a resident, which resulted in the resident receiving the medication four times a day instead of as needed for 12 days.

Sources: Resident health records, licensee's internal investigation notes, interview with the DOC.

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

NC #004 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).

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

1) A) Educate staff working on the second-floor home area, on resident and staff hand hygiene requirements during meal service, including requirements of staff to support residents with performing hand hygiene prior to meals, as per evidence based best practice standards.

B) Perform two weekly audits, alternating meals (e.g. breakfast, lunch and supper), on hand hygiene during meal service for a period of 4 weeks. Audits are to be conducted until consistent compliance to the Infection Prevention and Control program related to hand hygiene is demonstrated.

C) Take corrective actions to address non-compliance related to hand hygiene as

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identified in the audits.

D) Written records, which will include the date the education was provided and by whom, of A, B and C shall be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

2) A) Educate a specific PSW on additional precautions and donning appropriate PPE as per evidence based best practice standards.

B) Perform weekly audits when a specific PSW is on shift for a total of 4 weeks until appropriate donning of PPE is achieved.

C) Take corrective actions to address non-compliance related to PPE as identified in the audits of part B.

D) Written records, which will include the date the education was provided and by whom, of A, B and C shall be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

**Grounds**

1) The home has failed to ensure residents were supported to perform hand hygiene prior to receiving a meal, as part of the IPAC program, in accordance with the "Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes September 2023" (IPAC Standard).

Specifically, the majority of residents did not receive support from staff on a specific dining unit area on a specified date in January 2025, with hand hygiene prior to a

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lunch meal as required in the Hand Hygiene Program requirement 10.4 (h) under the IPAC Standard. Furthermore, the RPNs and some PSW staff did not perform hand hygiene in between each resident contact in the dining room on a specific floor during a specific meal on a specified date in January 2025.

2) The licensee has failed to ensure that staff adhere to additional precautions criteria and wear appropriate personal protective equipment (PPE) when required to so, in accordance with the "Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes September 2023" (IPAC Standard).

Specifically, a PSW did not follow the posted additional precautions in place for a resident. The Resident was on contact precautions, and a PSW and another student nurse were not wearing a gown while assisting the resident to get up and out of bed in a mechanical lift, as required in the Additional Precautions Program requirement 9.1 d) under the IPAC Standard.

Sources: Inspector observations and interview with staff.

**This order must be complied with by April 15, 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**

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**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 \$5500.00, 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.

**Compliance History:**

Previous CO in the last 36 months- May 17, 2024 in workspace 2024-1071-0001

This is the first 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  
Toronto, ON, M5S 1S4

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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  
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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).