

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: March 11, 2025

Inspection Number: 2025-1071-0003

Inspection Type:

Critical Incident
Follow up

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Oshawa, Oshawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 25, 26, 27, 28, 2025 and March 3, 4, 5, 6, 7, 10, 11, 2025

The following intake(s) were inspected:

- Intake: #00134677 - Follow-up #01-CO #001/2024-1071-0006
- Intake: #00134678 - Follow-up #01-CO #002/2024-1071-0006
- Intake: #00134679 - Follow-up #01-CO #004/2024-1071-0006
- Intake: #00134680 - Follow-up #01-CO #003/2024-1071-0006
- Intake: #00138772 -2439-000016-25 - Allegation of staff to resident abuse.
- Intake: #00138921 -2439-000017-25 - Medication administration / missing narcotics.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1071-0006 related to O. Reg. 246/22, s. 35 (3) (d)

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Order #002 from Inspection #2024-1071-0006 related to O. Reg. 246/22, s. 35 (3)
(e)

Order #004 from Inspection #2024-1071-0006 related to O. Reg. 246/22, s. 167 (1)

Order #003 from Inspection #2024-1071-0006 related to O. Reg. 246/22, s. 35 (4)

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

- Resident Care and Support Services
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Staff and others to be kept aware

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

Non-compliance with: FLTCA, 2021, s. 6 (8)

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee has failed to ensure that the staff, a Personal Support Workers (PSW), who provide direct care to a resident were kept aware of the contents of the resident's plan of care. Specifically, the staff were unaware of a specified intervention requested by the resident.

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Sources: Resident's health record, and interview with ADOC.

WRITTEN NOTIFICATION: Reporting and Complaints

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

Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (iii)

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(iii) anything else provided for in the regulations;

The licensee failed to immediately investigate an allegation of unlawful conduct that resulted in harm or a risk of harm to a resident. The investigation was initiated four days after the allegation was reported to the licensee.

Sources: Critical Incident Report (CIR), interview with the ADOC.

WRITTEN NOTIFICATION: Reporting certain matters to the Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 3.

Reporting certain matters to the 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:

3. Unlawful conduct that resulted in harm or a risk of harm to a resident.

The licensee failed to immediately report to the Director an allegation of unlawful

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conduct that resulted in harm or a risk of harm to a resident. The allegation was not reported to the Director until four days after it was reported to the licensee.

Sources: Critical Incident Report (CIR), interview with the ADOC.

WRITTEN NOTIFICATION: Notification re incidents

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 104 (1) (b)

Notification re incidents

s. 104 (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident, (b) are notified within 12 hours upon the licensee becoming aware of any other alleged, suspected or witnessed incident of abuse or neglect of the resident.

The licensee failed to ensure that residents and their substitute decision-makers (SDM), were notified of an allegation of unlawful conduct that resulted in harm or a risk of harm to residents. The licensee's investigation identified multiple residents involved. The ADOC indicated that none of the residents or their SDMs were notified except for one resident.

Sources: Critical Incident Report (CIR), investigation notes, interview with the ADOC.

WRITTEN NOTIFICATION: Notification re incidents

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 104 (2)

Notification re incidents

s. 104 (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under

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subsection 27 (1) of the Act, immediately upon the completion of the investigation.

The licensee failed to ensure that residents and their substitute decision-maker (SDM), were notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation related to an allegation of unlawful conduct that resulted in harm or a risk of harm to residents. The licensee's investigation was completed and identified multiple residents involved. The ADOC indicated that none of the residents or their SDMs were notified except for one resident.

Sources: Critical Incident Report (CIR), investigation notes, interview with the ADOC.

WRITTEN NOTIFICATION: Reporting certain matters to the Director

NC #006 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 failed to ensure that drugs were administered to a resident in accordance with the directions for use specified by the prescriber.

A resident was prescribed medication to be administered as needed for pain. The medication was administered multiple times by a registered practical nurse (RPN) without any documentation indicating that the resident was assessed for pain and required the use of the medication. The RPN's interview statements indicated they administered the medication for pain and behaviours.

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Sources: Critical Incident Report (CIR), resident's clinical records, Investigation notes, interview with the ADOC.

WRITTEN NOTIFICATION: Retraining

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 260 (1)

Retraining

s. 260 (1) The intervals for the purposes of subsection 82 (4) of the Act are annual intervals.

The licensee failed to ensure that staff who provided direct care to residents received annual training related to Pain Management. Training records from Surge Learning indicated that a registered practical nurse (RPN) completed the retraining nine months after the due date.

Sources: Training Records.

COMPLIANCE ORDER CO #001 Pain management

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.

Pain management

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

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The inspector is ordering the licensee to comply with a Compliance Order

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IFLTCA, 2021, s. 155 (1) (a):

The licensee shall:

1. A specified RPN must attend a mandatory training session on the importance of timely and accurate patient documentation/assessment within one week of returning to work.
2. The specified RPN should be re-educated and then retested with eight rights of medication administration and with pain assessment instruments to be used when administering PRN medications.
3. Maintain a record of the education, including the content, date, and signatures of staff members who attended and the staff member who provided the education.

Grounds

A critical incident was submitted to the director regarding unlawful conduct which resulted in harm/risk to residents. An RPN removed pain medications to be administered to residents on 281 occasions without conducting pain assessments for multiple residents. No reassessment of the resident's pain was completed 30 minutes after the medication was administered to residents.

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ADOC acknowledged that staff were required to reassess the effectiveness of medication after administration to residents using the Pain flow note.

Sources:

Clinical Records of residents, Interviews with RPN and ADOC.

This order must be complied with by

May 30, 2025

COMPLIANCE ORDER CO #002 Plan of care

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 6 (4)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

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The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 6 (4) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

1. The licensee is to submit and implement a written plan for achieving compliance to improve communication with the Physicians, registered staff and others involved in the medication management.

Please submit the written plan for achieving compliance for inspection #2025-1071-0003 to LTC Homes Inspector, MLTC, by emailing centraleastdistrict.mltc@ontario.ca by March 31, 2025.

Grounds

The licensee failed to inform the Physician when multiple residents were taking "Pro Re Nata" (PRN) a Latin phrase meaning "as needed" medication consecutively.

The licensee failed to ensure that the physician received communication when the residents were taking PRN medications routinely for more than three days. The Physician acknowledged during an interview that they should have been notified of the residents' use of (PRNs) to reassess the scheduled medication regime. An RPN stated in an interview physician should be made aware of when residents are using PRNs for more than three days consecutively.

According to the home's Pain Identification and Management Policy under procedure number nine, they are to notify the Physician or Nurse Practitioner with an analysis of pain and assessment if the following occurs; when three or more breakthrough pain medication doses are needed.

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Sources: Clinical records, Interview with Physician, Pain Identification and Management Policy RC-01-01 Revised: March 2023.

This order must be complied with by April 4, 2025

COMPLIANCE ORDER CO #003 Medication management system

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

The licensee shall:

- 1- Reeducate all registered staff on the home's Medication Management Policy RC-16-01-07.
- 2- Develop and implement an auditing process to ensure that registered staff administer and document the administration of high-risk medications as directed by the home's Medication Management Policy RC-16-01-07.
- 3- Develop and implement a plan to audit a specified RPN's performance specific to the administration and documentation of high-risk medications for two weeks or until the home is satisfied with the RPN's performance.

Grounds

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The licensee has failed to ensure that written policies and protocols developed for the medication management system to ensure the administration of all drugs used in the home was complied with.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure the medication management program is complied with. Specifically, A specified Registered Practical Nurse (RPN) did not comply with the licensee's Medication Management policy when the RPN did not consistently document the administration of pain medication as required to multiple residents in the Medication Administration Records (MAR) records on multiple dates during a specified period. The policy required registered staff to immediately document all medications administered, refused or omitted after administration on the MAR/eMAR.

Sources: CIR, clinical health records for multiple residents, the home's Medication Management Policy RC-16-01-07, LAST REVIEWED: March 2023, interviews with RPN and ADOC .

This order must be complied with by May 30, 2025

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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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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, 9th Floor

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Director

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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.