

**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:** June 9, 2025

**Inspection Number:** 2025-1088-0003

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

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

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

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 28-30, 2025 and June 2-6, 9, 2025.

The following intake(s) were inspected:

Intake #00144069 - Follow-up #1 - Compliance Order (CO) #1 / 2025-1088-0002, FLTCA, 2021 - s. 6 (7), Compliance Due Date (CDD) May 23, 2025

Intake #00144068 - Follow-up #1 - CO #2 / 2025-1088-0002, O. Reg. 246/22 - s. 272, CDD May 23, 2025

Intake #00144108 - Critical Incident (CI) related to alleged staff to resident abuse

Intake #00144357 - CI related to alleged staff to resident abuse

Intake #00145111 - CI related to alleged resident to resident abuse

Intake #00145528 - CI related to activated emergency code

Intake #00148299 - Complaint related to bed refusal challenge

Intake #00148658 - Complaint related to laundry services in the home.

## Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2025-1088-0002 related to O. Reg. 246/22, s. 272

Order #001 from Inspection #2025-1088-0002 related to FLTCA, 2021, s. 6 (7)

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Admission, Absences and Discharge

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

**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 licensee has failed to ensure that care set out in the care plan was provided to a resident as specified in their plan on a specific date. The resident's care plan specified that care was to be provided a specific way.

**Sources:** clinical records, interview with Director of Care Quality (DOCQ).

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**WRITTEN NOTIFICATION: Policy to promote zero tolerance**

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

**Non-compliance with: FLTCA, 2021, s. 25 (1)**

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that the written policy to promote zero tolerance of abuse and neglect was complied with. A critical incident report was submitted to the Director, alleging abuse of a resident by staff. The home's internal investigation notes and interview with a DOCQ confirmed that a Personal Support Worker (PSW) did not comply with the home's policy to promote zero tolerance of abuse and neglect.

**Sources:** CI report, interview with a DOCQ, internal investigation records, Zero Tolerance of Abuse and Neglect Policy

**WRITTEN NOTIFICATION: Authorization for admission to a home**

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

**Non-compliance with: FLTCA, 2021, s. 51 (9)**

Authorization for admission to a home

s. 51 (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,  
(a) the ground or grounds on which the licensee is withholding approval;  
(b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care;

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- (c) an explanation of how the supporting facts justify the decision to withhold approval; and
- (d) contact information for the Director.

The licensee has failed to ensure a written notice withholding approval for admission to the long-term care home was given to an applicant. A written notice was sent to the placement co-ordinator and not directly to the applicant. Failure to give written notice to the applicant impacted transparency of the home.

**Sources:** letter of decline, letter of complaint, and interview with Admission Coordinator.

## **WRITTEN NOTIFICATION: Responsive behaviours**

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

- (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee failed to ensure that a PSW took appropriate actions to address the needs of residents exhibiting responsive behaviours on a specific date. The home's policy states that all care staff must report and document any responsive behaviours demonstrated by residents. According to the home's internal investigation notes, the PSW did not properly respond to these behaviours, when they did not communicate to registered staff or document the behaviours as required. During an interview, DOCQ confirmed that the PSW was expected to notify registered staff of any such behaviours at the time they occurred.

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**Sources:** Internal investigation records, Responsive Behaviours Policy, interview with DOCQ

## **WRITTEN NOTIFICATION: Altercations and other interactions between residents**

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

**Non-compliance with: O. Reg. 246/22, s. 59 (a)**

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and

The licensee failed to identify triggers that could potentially minimize the risk of altercations and potentially harmful interactions between residents. Two residents were involved in a number of verbal and physical altercations. The residents' plan of care did not include responsive behaviour triggers specific to co-residents that were identified by staff observations and documented incidents. Failure to identify triggers among residents placed them at risk of altercations and potentially harmful interactions.

**Sources:** clinical record, interviews with staff and Acting Director of Care.

## **WRITTEN NOTIFICATION: Laundry Service**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 95 (1) (a) (iii)**

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Laundry service

s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,  
(a) procedures are developed and implemented to ensure that,  
(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and

The licensee has failed to ensure that residents' soiled clothes are collected, sorted, cleaned and delivered to the resident. The home's policy Personal Clothing and Linen Process indicates that soiled linens and personal clothing will be collected and sorted at the source. Observations of resident soiled laundry bins on resident home areas showed that soiled linen items were not sorted. Interview with a Laundry Aide indicated that it is common that soiled laundry is not sorted.

**Sources:** Observations, Policy Personal Clothing and Linen Process, and staff interviews.

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

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

**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 licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with. Specifically, Additional Requirement 9.1 (f) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023) states, "at minimum, additional

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precautions shall include additional Personal Protective Equipment (PPE) requirements including appropriate selection, application, removal and disposal". When exiting a resident's room under additional precautions that required N95 mask, a PSW was observed wearing improper PPE and did not doff PPE according to the established practice. During an interview with the IPAC lead they confirmed that improper PPE was worn and doffing of all PPE was required when exiting the room.

**Sources:** Observations and interview with IPAC lead.

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

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