

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: July 17, 2025

Inspection Number: 2025-1368-0004

Inspection Type:

Critical Incident

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Rouge Valley, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 8 - 11, 14 - 17, 2025.

The following intake(s) were inspected:

Four intakes related to allegations of resident-to-resident physical abuse.

An intake related to an injury of unknown cause.

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

- Resident Care and Support Services
- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: General requirements.

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee shall ensure that any actions taken with respect to the resident under the pain management program, including assessments, were documented.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that the pain management program to identify and manage residents in pain were complied with. Specifically, the registered staff did not fully complete the required pain assessment tool as per their plan of care.

Sources: CIR, the resident's electronic health records, and interview with an Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

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,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that the resident received a skin assessment.

The resident was involved in a resident-to-resident interaction, but the registered staff did not complete a skin assessment on the day when the incident had occurred.

Sources: Zero Tolerance of Abuse and Neglect Program Policy last revision March 2025, CIR, the resident's clinical health records, and interview with the Director of Care (DOC).

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WRITTEN NOTIFICATION: Skin and wound care

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

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 licensee has failed to ensure that the resident with altered skin integrity was reassessed at least weekly by the registered staff.

The resident had returned from a local medical facility with altered skin integrity. As per the home's policy on skin and wound program, it directed the registered staff to assess and document residents with altered skin integrity using clinically appropriate assessment tools, such as the Impaired Skin Integrity Assessment, at minimum every seven days, until healed. When reviewed, the weekly skin and wound assessment tools were not completed on multiple weeks for the resident.

Sources: Critical Incident Report (CIR), the resident's electronic health records, home's internal investigative notes, home's policy on skin and wound program, and interview with an ADOC.

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) (b)

Responsive behaviours

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

- (b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee failed to ensure that strategies were developed and implemented to respond to the resident's behaviours.

Prior to the resident-to-resident interaction, the resident had an intervention implemented with the purpose of monitoring the resident. However, the intervention was not correctly implemented and resulted in resident-to-

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resident interaction with injury.

Sources: Responsive Behaviours Policy RC-17-01-04 last revision date of June 2025, CIR, residents' clinical records, and interviews with a Personal Support Worker (PSW) and the DOC.

WRITTEN NOTIFICATION: Responsive behaviours

NC #005 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 shall ensure that, for each resident demonstrating responsive behaviours, actions were taken to respond to the needs of the resident, including assessments, reassessments, and interventions and that the residents' responses to interventions were documented.

1. The home's policy on Responsive Behaviors instructed staff to complete a Responsive Behavior Debriefing Tool, with the purpose of documenting the team's discussion, review, debriefing, and actions related to a responsive behavior episode. Such tool was not completed after the occurrence of four Critical Incidents (CIs) involving multiple residents on four dates.

Sources: Critical Incident Report (CIRs), residents' electronic health records, home's policy on Responsive Behaviors RC-17-01-04, and interview with the DOC.

2. A review of two residents' health records indicated that a Behavioral Support Ontario – Dementia Observation System (BSO-DOS) was to be completed after the occurrence of a CI for both residents, with the purpose of monitoring their behavior. When reviewed, the forms were not fully completed as required as there were sections not charted with residents' observed behavior.

Sources: CIR, residents' health records, and interview with the DOC.

3. After the occurrence of a CI, a pharmacological intervention was adjusted with the purpose of better supporting the resident. As per the home's policy on Responsive Behaviors, it directed staff to document the

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resident's response to pharmacological intervention once a day as progress notes for the first two weeks. When reviewed, there were days in which the resident's response to the pharmacological intervention was not documented.

Sources: CIR, the resident's electronic and non-electronic progress notes, home's policy on Responsive Behaviors RC-17-01-04, and interview with the DOC.

4. A review of the resident's electronic plan of care indicated that an intervention was initiated with the purpose of deterring other residents from entering their room. When reviewed, there was no documentation to indicate the effectiveness of the intervention, until the issue was brought up to the Outreach Program Registered Nurse, at the time of inspection.

Sources: CIR, the resident's electronic and non-electronic chart, and interviews with the Outreach Program Registered Nurse, and the DOC.

WRITTEN NOTIFICATION: Behaviours and altercations

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

Non-compliance with: O. Reg. 246/22, s. 60 (a)

Behaviours and altercations

s. 60. Every licensee of a long-term care home shall ensure that,

(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

The licensee failed to ensure that procedures and interventions were developed and implemented for the resident to reduce the risk of altercation and other harmful interactions.

A non-pharmacological intervention was implemented for the resident with the purpose of monitoring the resident's behavior. As per the resident's health records, they continued to exhibit responsive behavior, but no referral was made to another team member citing additional responsive behaviors observed. Despite an escalation of responsive behaviors, the identified non-pharmacological intervention was also discontinued.

Sources: Responsive Behaviours Policy RC-17-01-04, last revision June 2025, CIR, residents' clinical health records, and interview with the Outreach Program Registered Nurse.



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