

**Ministry of Long-Term Care**

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

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Original Public Report

**Report Issue Date:** August 15 2024

**Inspection Number:** 2024-1125-0002

**Inspection Type:**

Proactive Compliance Inspection

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

**Long Term Care Home and City:** Extendicare Tri-Town, Haileybury

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 29 to August 1, 2024

The following intake was inspected:

- Intake related to a 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
- Residents' and Family Councils
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Quality Improvement
- Residents' Rights and Choices
- Pain Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

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 the care set out in the plan of care for a resident, was provided to the resident as specified.

**Rationale and Summary:**

A resident's plan of care called for a specific nutritional intervention. During mealtime observations, the resident did not receive the nutritional intervention. Interviews with staff members confirmed that the resident did not receive the nutritional intervention.

There was low risk and low impact to the resident when they did not receive the nutritional intervention as specified in their plan of care.

**Sources:** Observations of a resident; resident's plan of care; and interviews with staff.

### WRITTEN NOTIFICATION: Documentation

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

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**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure the provision of care set out in the resident's plan of care was documented.

**Rationale and Summary**

The plan of care for a resident indicated that they required a specific intervention throughout the day. Over several days, there was no documentation indicating that the intervention had been completed. Staff members stated that the resident at times refused the intervention; however, the staff had failed to document the refusal.

There was low impact and risk to the resident when the licensee failed to ensure that the provision of care was documented.

**Sources:** A resident's electronic health record, progress notes, task report; and interviews with a resident and staff.

**WRITTEN NOTIFICATION: Advice of Residents' Council**

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

**Non-compliance with: FLTCA, 2021, s. 43 (4)**

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

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The licensee has failed to seek the advice of the Residents' Council (RC) in conducting the resident and family caregiver experience survey and in acting on its results.

**Rationale and Summary**

A Review of RC meeting minutes indicated the results of the survey had been shared with the council, but the home did not seek the council's input.

The Administrator-Director of Care (DOC) confirmed that the home did not seek the RC's input before conducting the surveys or acting on the results.

There was low impact to residents when the licensee failed to ensure the input of the RC was sought in carrying out and acting upon the results of the most recent resident and family caregiver experience survey.

**Sources:** Residents' Council meeting minutes; and interviews with a resident and staff.

**WRITTEN NOTIFICATION: Licensee obligations if no Family Council**

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

**Non-compliance with: FLTCA, 2021, s. 65 (7)**

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,

(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and

(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

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The licensee has failed to ensure residents' families and persons of importance to residents were advised of the right to establish a council on an ongoing basis, and convene semi-annual meetings to advise such persons of the right to establish Family Council (FC).

**Rationale and Summary**

At the time of inspection, the home did not have an active FC. The Administrator-DOC confirmed that the home did not have a FC and had not been holding semi-annual meetings.

There was low impact when the licensee failed to advise residents' families and persons of importance to residents of their right to establish a FC on an ongoing basis and via semi-annual meetings.

**Sources:** Email communication; and an interview with the Administrator-DOC.

**WRITTEN NOTIFICATION: Duty of licensee to consult Councils**

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

**Non-compliance with: FLTCA, 2021, s. 73**

Duty of licensee to consult Councils

s. 73. A licensee has a duty to consult regularly with the Residents' Council, and with the Family Council, if any, and in any case shall consult with them at least every three months.

The licensee has failed to ensure that they consulted regularly with Residents' Council (RC), at least every three months.

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**Rationale and Summary**

A review of the RC's meeting minutes revealed that the council had met three times in the last year. The Administrator-DOC acknowledged that the home did not consult with the RC at least every three months as required.

There was low impact to residents when the licensee failed to consult with Residents' Council at least every three months.

**Sources:** Residents' Council meeting minutes; and interviews with residents and the Administrator-DOC.

**WRITTEN NOTIFICATION: Doors in a home**

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

**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 all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, and that those doors must be kept closed and locked when they are not being supervised by staff.

**Rationale and Summary**

a)

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The Administrator-DOC acknowledged that the maintenance door to a maintenance room should be locked at all times. However, when an inspector and the Administrator-DOC observed the door together, the door was unlocked.

There was low risk to residents when the licensee failed to ensure that a door leading to a non-resident area was kept closed and locked when not being supervised by staff.

**Sources:** Observations of storage room; Interview with the Administrator-DOC.

**b)**

During the inspection, residents had access to areas of the home which included a dumbwaiter, as well as a hair salon which had no door lock. The Administrator-DOC acknowledged the safety risk to residents being able to access these areas of the home.

There was low risk to residents when the licensee failed to ensure the identified doors leading to non-resident areas were equipped with locks to restrict unsupervised access to those areas by residents, and that those doors were kept closed and locked when they were not being supervised by staff.

**Sources:** Inspector observations; and an interview with the Administrator-DOC.

## **WRITTEN NOTIFICATION: Air Temperatures**

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

**Non-compliance with: O. Reg. 246/22, s. 24 (4)**

Air temperature

s. 24 (4) In addition to the requirements in subsection (2), the licensee shall ensure

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that, for every resident bedroom in which air conditioning is not installed, operational and in good working order, the temperature is measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m. on,

- (a) every day during the period of May 15 to September 15; and
- (b) every other day during which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day.

The licensee has failed to ensure that, for every resident bedroom that was not served by air conditioning, that the temperature was measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m.

**Rationale and Summary**

A review of the home's air temperature records, revealed that several residents who had chosen not to have air conditioning, did not have their room's temperature monitored at least once a day during the appropriate time in the afternoon. The Administrator-DOC confirmed that not all resident rooms without air conditioning were being monitored for air temperature.

There was low risk to the residents when the licensee failed to ensure that, for every resident bedroom that was not served by air conditioning, that the temperature was measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m.

**Sources:** Review of the homes air temperature records; Interview with the Administrator-DOC.

**WRITTEN NOTIFICATION: Dining and snack service**



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NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.**

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee has failed to ensure that a food item was served at a temperature that was both safe and palatable to the residents.

**Rationale and Summary:**

A review of the home's food temperature logs revealed that a specific food item did not have temperatures recorded. Staff confirmed that they did not take the temperature of the specific food item.

There was low risk and low impact when the temperatures of a specific food item were not taken.

**Sources:** Temperature logs; and an Interview with staff.

**WRITTEN NOTIFICATION: Continuous quality improvement committee**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 166 (2)**

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at

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least the following persons:

1. The home's Administrator.
2. The home's Director of Nursing and Personal Care.
3. The home's Medical Director.
4. Every designated lead of the home.
5. The home's registered dietitian.
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.
7. At least one employee of the licensee who is a member of the regular nursing staff of the home.
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.
9. One member of the home's Residents' Council.
10. One member of the home's Family Council, if any.

The licensee has failed to ensure that the continuous quality improvement (CQI) committee was composed of all of the required persons.

**Rationale and Summary**

Review of recent CQI meeting minutes identified that the pharmacy service provider, the RD, a member of the regular nursing staff, a PSW, and a member of the RC had not been attending the meetings.

The Administrator-DOC acknowledged that the identified persons did not participate in the CQI committee meetings as required.

**Sources:** The home's CQI meeting minutes; and an interview with the Administrator-DOC.

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## WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 168 (3)**

Continuous quality improvement initiative report

s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The license has failed to ensure that a copy of the Continuous Quality Improvement (CQI) report was provided to the Residents' Council.

### Rationale and Summary

The home's CQI report stated that the report was shared with the RC on a specific date, however the RC did not meet that day. The Administrator-DOC confirmed that the report had not yet been shared with the RC.

There was low impact when the home's CQI report was not shared with the RC.

**Sources:** The home's CQI report; and an interview with the Administrator-DOC.

## COMPLIANCE ORDER CO #001 Maintenance services

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 96 (2) (k)**

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

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(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water.

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

The licensee shall:

1. Develop and implement a process to monitor water temperatures in the home using the water temperature requirements as set out under Ontario Regulation (O. Reg) 246/22 s. 96 (2) (g) and (i) to ensure staff are taking and documenting water temperatures once per shift in random locations where residents have access to hot water, including the tubs and shower. The process shall include corrective action to address and correct any water temperatures taken outside of the requirements under O. Reg 246/22 s. 96 (2) (g) and (i).
2. Provide education to all direct care and Registered staff on the process developed in part one, and maintain record of the education including who attended, who provided the information, the date, and content of the education. Records of the education must be made available to the Inspector(s) upon request.
3. Create and implement an, at minimum, bi-weekly, auditing process for a period of four weeks or longer if deficiencies are noted, to ensure the process has been implemented effectively. Analyze the results of the audit(s), identify trends, and take action to address any deficiencies identified. Documentation of the audits, completed analysis, and any corrective action implemented must be maintained and made available to the Inspector(s) upon request.

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**Grounds**

The licensee has failed to ensure that procedures were developed and implemented to ensure that when the home was not using a computerized system to monitor the water temperature, that the water temperature was being monitored once per shift in random locations where residents had access to hot water.

**Rationale and Summary**

A resident stated they had refused showers due to cold water temperatures. Interviewed staff noted the home had been experiencing issues with water temperatures that affected multiple residents. The bath temperature logs posted in the tub and shower rooms were incomplete and dated several months prior.

Staff confirmed that the home did not use a computerized system to monitor water temperatures, and that they were to be taken manually by staff. Randomized water temperature logs for the home taken by Registered staff revealed missing documentation, indicating that temperatures were not being taken on every shift. The Assistant Director of Care (ADOC) confirmed that the bath and shower temperatures were not taken for some time; that staff were to take temperatures in random locations each shift and document the results, but failed to do so.

There was moderate impact to all residents when the licensee failed to ensure that the procedures related to monitoring water temperatures were implemented.

**Sources:** Inspector observations; Registered staff Water Temperature Logs, Bath Temperature Logs, the home's policy titled, "Bathing, Showering and Water Temperature Monitoring RC-06-01-02", last updated: November 2023; and interviews with a resident and staff.

**This order must be complied with by**

October 11, 2024

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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

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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**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)

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).