

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

Public Report

Report Issue Date: April 25, 2025

Inspection Number: 2025-1119-0001

Inspection Type:

Critical Incident

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Van Daele, Sault Ste. Marie

INSPECTION SUMMARY

This inspection occurred onsite on the following date(s): April 8-11, 2025, and offsite April 14, 16-17, 2025.

-One intake was inspected upon related to an incident causing an injury to a resident.

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

Resident Care and Support Services
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Doors in a home

NC #001 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

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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 a door to a non-residential area was kept closed and locked when not supervised by staff when the door was observed open and unattended during two separate occasions.

Sources: Inspector observations, interviews with the Administrator, other staff.

WRITTEN NOTIFICATION: Notification re incidents

NC #002 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 subsection 27 (1) of the Act, immediately upon the completion of the investigation.

The licensee has failed to ensure that a resident's substitute decision-maker (SDM) was immediately notified of the results of the investigation into an incident that caused an injury to the resident.

Sources: A Critical Incident (CI) report, the home's policy titled "Investigations of Abuse and Neglect" last reviewed March 2025, interviews with a resident's SDM, the ADOC.

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**COMPLIANCE ORDER CO #001 Home to be safe, secure
environment**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

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

The licensee shall:

- a) Conduct a review of resident rooms in the home to ensure that a specific measure is in place and take immediate corrective action if any concerns are identified.
- b) Develop a written description of a specified staff task that is to be completed and documented.
- c) Retrain all pertinent staff on the completion of the specified task.
- d) Review the completion of the specified task and take corrective action if the task has not been completed appropriately.
- e) Maintain a record of everything required under sections (a) through (d).

Grounds

- a) The licensee has failed to ensure that the home was a safe and secure environment for a resident after they sustained an injury.

Sources: A resident's health care records, a CI report, interviews with the ADOC, other staff.

- b) The licensee has failed to ensure that the home was a safe and secure

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environment after PSWs and registered staff failed to complete and/or did not document a specified task which the home required at the start of every shift.

Sources: A CI report, interviews with the Administrator, other staff.

c) The licensee has failed to ensure that the home was a safe and secure environment for its residents when corrective action was not taken to address an identified safety concern.

Sources: Inspector observations, interview with the ADOC.

This order must be complied with by June 13, 2025

COMPLIANCE ORDER CO #002 Duty to protect

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

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

The licensee shall:

- a) Provide retraining to an identified PSW and RN on, the home's abuse policies, including but not limited to, the definition of neglect, the home's Skin and Wound program, Pain program, documentation and care planning standards and policies, and what immediate and subsequent actions they are to take when a resident sustains an injury.
- b) Review the documentation of care provided by two identified PSWs and one RN to ensure documented care was provided. Take immediate corrective action weekly

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for four weeks or longer if concerns continue to be identified to ensure care documented as completed was provided.

c) Develop an oversight process to ensure that any staff member alleged to have abused or neglected a resident is immediately placed on administrative leave pending the results of the investigation and that no staff member identified in the investigation as requiring additional retraining returns to work prior to completing the retraining.

d) Maintain a written record of everything required under sections (a) through (c).

Grounds

a) The licensee failed to ensure a resident was not neglected by a PSW when they did not provide the resident with required care which resulted in the resident sustaining an injury.

Sources: A resident's health care records and plan of care, the home's internal investigation of a CI, the home's abuse policy titled "Zero Tolerance of Abuse and Neglect Program" last reviewed March 21, 2025, interview with a PSW.

b) The licensee failed to ensure a resident was not neglected by an RN when the resident was not provided with the required care.

Sources: A resident's health care records, the home's pain policy titled "Pain Identification and Management" last reviewed March 2025 and "Skin and Wound Program: Prevention of Skin Breakdown" last reviewed March 2025, the home's internal investigation into a CI, interviews with the ADOC, other staff.

c) The licensee has failed to ensure that residents were protected from neglect when a PSW and an RN did not complete the required retraining related to prevention of abuse and neglect.

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Sources: The home's internal investigation of a CI, interviews with the ADOC, other staff.

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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
Toronto, ON, M5S 1S4

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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.