

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: December 9, 2025

Inspection Number: 2025-1072-0006

Inspection Type:

Complaint

Critical Incident

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Bayview, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 1-5, 9 2025.

The inspection occurred offsite on the following date(s): December 8, 2025.

The following intake(s) were inspected:

- Intake: #00159375 - Critical Incident System (CIS) #2460-000017-25 and #00162784 - CIS #2460-000023-25 - related to a fall with an injury.
- Intake: #00162019 and #00162200- complaint related to an injury with unknown cause.
- Intake: #00162081 - CIS #2460-000022-25 - related to an injury with unknown cause.

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

Resident Care and Support Services
Falls Prevention and Management

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

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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.

A resident required a level of assistance with personal care. On a specified date, the required level of assistance was not provided during the resident's incontinence product change.

Sources: The resident's care plan, interviews with a Personal Support Worker (PSW), a Registered Nurse (RN), and the Director of Care (DOC).

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,

On a specified date, an RN was made aware of an altered skin integrity to a resident's body part.

The home's skin assessment and wound guidelines policy directed staff to complete the "Integrity Initial and Weekly Evaluation" assessment for skin impairments. The RN and the DOC both acknowledged that this assessment was not completed for the resident when they were identified an altered skin integrity on that specified date.

Sources: The resident's assessment records, home's skin assessment and wound guidelines policy, interviews with the RN and the DOC.

COMPLIANCE ORDER CO #001 Plan of care

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

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

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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

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

1. Re-educate the two identified PSWs on the home's skin and wound policy and the home's pain management policy, specifically relating to immediate reporting upon identification of altered skin integrity and signs of pain.
2. Ensure a documented record is kept pertaining to step 1 of this order, including the contents of the education, dates, names and signatures of the staff educated, the mode of delivery, and name of person who provided the education.

Grounds

On a specified date, two PSWs observed an altered skin integrity to a resident's body part. The resident was showing signs of pain. The observations were not reported to the nurse until the resident was checked on at a later time when additional altered skin integrity was also observed. Based on the nurse's assessment, the resident had a visible injury to their body part.

Failure to immediately report the altered skin integrity and signs of pain delayed the resident's treatment. The resident was diagnosed with an injury that required surgery.

Sources: Home's investigation notes, home's skin assessment and wound guidelines policy, home's pain management program policy, home's video records, the resident's progress notes, interviews with a PSW, an RN, and the DOC.

This order must be complied with by January 12, 2026

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

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

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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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
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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.