

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: July 14, 2025

Inspection Number: 2025-1377-0004

Inspection Type:

Complaint
Critical Incident

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Halton Hills, Georgetown

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: July 3-4, 7-10, 2025

The inspection occurred offsite on the following date: July 14, 2025

The following intakes were inspected:

- Intake #00148588, related to an unexpected death of a resident
- Intake #00148677, and #00149783, concerns related to an unexpected death of a resident
- Intake #00149521, related to falls prevention and management

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

Resident Care and Support Services
Safe and Secure Home
Falls Prevention and 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 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that a resident's plan of care provided clear directions to staff regarding the level of assistance required for one of the resident's Activities of Daily Living (ADLs).

Sources: a resident's clinical records, and interviews with staff.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care was revised when

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their care needs changed.

Sources: a resident's clinical records, the home's investigation notes, and interviews with staff.

WRITTEN NOTIFICATION: General requirements for programs

NC #003 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 has failed to ensure that actions provided to a resident under the Nursing and Personal Support Services Program were documented, when a staff failed to document an initial intervention and the resident's response to the intervention.

Sources: a resident's clinical records, and interviews with staff.

WRITTEN NOTIFICATION: Emergency plans

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

Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. vi.

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,

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vi. medical emergencies,

The licensee has failed to ensure that the home's medical emergency procedure was followed.

In accordance with O. Reg 246/22, s. 11 (1) (b), where the Act or this Regulation requires the licensee of a long-term care home to have, institute, or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with.

Specifically, a staff did not maintain a specific training certification, as required in the home's policy.

Sources: the home's emergency policy, the home's training records, email correspondence with staff, training certification guidelines, and interviews with staff.

WRITTEN NOTIFICATION: Emergency plans

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

Non-compliance with: O. Reg. 246/22, s. 268 (10) (a)

Emergency plans

s. 268 (10) The licensee shall,

(a) on an annual basis test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme weather events, boil water advisories, outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, pandemics and floods, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner

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facilities and resources that will be involved in responding to the emergency;

The licensee has failed to ensure that the home's emergency plan for medical emergencies was tested annually, when there was no testing completed in 2024.

Sources: the home's records of testing medical emergency procedures, and interview with staff