Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: August 22, 2025
Inspection Number: 2025-1377-0005
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: August 12-15, 18-20, and 22, 2025.

The following Complaint intake was inspected:

- Intake: #00151781 related to staffing, equipment, and complaints procedure.

The following Critical Incident (CI) was inspected:

- Intake: #00154766 related to an injury from unknown cause.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Safe and Secure Home
Responsive Behaviours
Staffing, Training and Care Standards
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required programs

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The licensee failed to ensure that the skin and wound care program was implemented in the home.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the skin and wound care program are complied with.

Personal Support Workers (PSWs) were required to document a resident's altered skin integrity on Point of Care (POC) by exception once a shift, and this was not done for a resident.

Sources: Skin and Wound Program: Wound Care Management Policy; Resident's POC documentation; Interviews with the PSWs, and Director of Care (DOC).

WRITTEN NOTIFICATION: Responsive behaviours

NC #002 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 for a resident demonstrating responsive behaviours, strategies were developed and implemented to respond to these behaviours, where possible.

Sources: Critical Incident (CI), resident's clinical health records; Interviews with a PSW and the DOC.

WRITTEN NOTIFICATION: Dealing with complaints

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be

commenced immediately.

The licensee failed to ensure that every verbal complaint made to a staff member concerning the care of a resident or operation of the home was investigated and resolved where possible, and a response that complied with paragraph 3 of O. Reg. 246/22, s. 108 (1) was provided within 10 business days of the receipt of the complaint.

A resident and their Substitute Decision-Maker (SDM) expressed concerns to the home regarding the resident's care and the operation of the home. Their concerns were not dealt with by the licensee as required by the regulation.

Sources: The home's Complaints and Customer Services Binder, a resident's clinical health records; Interviews with a resident, the Social Worker (SW), and the DOC.

COMPLIANCE ORDER CO #001 Nursing and personal support services

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 35 (3) (a)
Nursing and personal support services
s. 35 (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;

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

The licensee must do the following:

1) For each resident on an identified home area, determine the required staffing assistance during the day shift, for transfers, feeding, toileting, and personal hygiene care.

2) Collaborate with full-time and part-time day Personal Support Workers (PSWs), nurses, and residents on this home area where possible, to identify gaps related to the delivery of timely and appropriate care during the day shift with the current staffing mix.

3) Assess the areas they need support in, based on the information gathered from items #1 and #2, and revise the "float day PSW job routine" as necessary.

4) Review the current process in the home for responding to one PSW staff shortage during the day shift, and revise as necessary, to ensure that the staffing mix on this home area during the day shift, is consistent with the residents' assessed care and safety needs.

5) Maintain a written record of actions taken for items #1 to #4. This record shall be made available to the Inspector upon request.

Grounds

The licensee failed to ensure that the staffing plan provided for a staffing mix that was consistent with residents' assessed care and safety needs.

A complaint was received related to the ongoing day shift staffing shortage on a specific home area that resulted in residents not receiving care in a timely manner, and a delay in meal services.

Based on the Inspector's observations, record reviews, and interviews, due to a lack of consistency in filling the daytime float PSW shift, residents in this home area did not receive timely and appropriate care.

Sources: The home's staffing plan, Memos to Charge Nurses, Float Day PSW Job Routine, residents' clinical health records; Inspector's observations; Interviews with a resident, PSWs, Registered Practical Nurse (RPN), Registered Nurses (RNs), and other staff.

This order must be complied with by September 22, 2025

COMPLIANCE ORDER CO #002 Availability of supplies

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 48
Availability of supplies
s. 48. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

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

The licensee shall:

A) Identify each resident on a certain home area who require a specific equipment for transfers and continence care.

B) Assess the need for any additional equipment based on the number of residents that require the equipment, and by collaborating with full-time day and evening PSWs and nurses on this home area.

C) Develop and implement a process to ensure that a sufficient number of equipment is available to meet the nursing and personal needs of the residents on this home area.

D) Maintain a written record of actions taken for items A to C. This record shall be made available to the Inspector upon request.

Grounds

The licensee failed to ensure that equipment were readily available at the home to meet the nursing and personal care needs of residents.

A resident, PSW, and RPN, indicated that since there was only one piece of equipment in their home area, there had been longer wait times for residents to be transferred, toileted, and in getting to their meal service.

Sources: Residents' clinical health records, Point Click Care (PCC) Memo, Inspector's observation; Interviews with a resident, PSW, RPN, and the Environmental Services Manager (ESM).

This order must be complied with by September 22, 2025

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

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

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

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.