

**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:** October 17, 2025

**Inspection Number:** 2025-1377-0006

**Inspection Type:**

Critical Incident  
Follow up

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

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

## INSPECTION SUMMARY

The inspection occurred onsite on the following date: October 2-3, 7-10, and 14-17, 2025

The following Follow Up intakes were inspected:

- Intake #00156033, Follow-up on CO #002/#2025-1377-0005, related to availability of supplies, Compliance Due Date (CDD) on September 22, 2025.
- Intake #00156034, Follow-up on CO #001/#2025-1377-0005, related to nursing and personal support services, CDD on September 22, 2025.

The following Critical Incident (CI) intakes were inspected:

- Intake #00156420, related to allegations of improper care
- Intake #00156725, intake #00157247, and intake #00158215, related to alleged abuse.

## Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2025-1377-0005 related to O. Reg. 246/22, s. 48

Order #001 from Inspection #2025-1377-0005 related to O. Reg. 246/22, s. 35 (3) (a)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards
- Reporting and Complaints

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 112 (1) 4. ii.**

Licensees who report investigations under s. 27 (2) of Act

s. 112 (1) In making a report to the Director under subsection 27 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a

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resident by the licensee or staff that led to the report:

4. Analysis and follow-up action, including,
  - ii. the long-term actions planned to correct the situation and prevent recurrence.

The licensee has failed to ensure that a CI report related to a resident's alleged abuse included the long-term actions planned to correct the situation and prevent recurrence.

On October 15, 2025, the CI report was amended with the required information.

**Sources:** a critical incident report, and an interview with staff.

Date Remedy Implemented: October 15, 2025

## **WRITTEN NOTIFICATION: Reporting certain matters to Director**

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

**Non-compliance with: FLTCA, 2021, s. 28 (1) 1.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that the suspicion of improper care of a resident was immediately reported to the Director.

**Sources:** a critical incident report, and interviews with staff.

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## WRITTEN NOTIFICATION: Required programs

NC #003 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 has failed to ensure that the skin and wound policies were implemented for a resident.

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.

The home's Skin and Wound Care Management and Skin Assessment and Wound Guidelines policies directed staff to follow specific directions related to reporting, assessment and documentation of skin concerns.

On two separate occasions, when a resident was noted with skin concerns, staff did not follow the directions as specified in the home's skin and wound policies.

**Sources:** a resident's clinical records, the home's skin and wound program policies, the home's investigation notes, and interviews with staff.

## WRITTEN NOTIFICATION: Skin and wound care

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

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,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure that two residents exhibiting altered skin integrity were reassessed at least weekly.

The home's Skin Assessment and Wound Guidelines policy indicated that skin conditions were to be reassessed weekly to monitor progress, closure, or deterioration and specific directions related to the documentation included in the skin and wound assessments.

A. On two separate occasions, multiple weekly skin integrity assessments and reevaluation of a resident's skin injuries, did not include the documentation as specified in the home's policy. Additionally, on one occasion a weekly skin integrity assessment for a skin injury was not completed.

**Sources:** a resident's clinical records, the home's skin and wound policy, and an interview with staff.

B. On one occasion, the weekly skin integrity assessment and reevaluation for a resident's skin injury was not completed, as specified in the home's policy.

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**Sources:** a critical incident report, a resident's clinical records, the home's skin and wound policy and interviews with staff

## WRITTEN NOTIFICATION: Responsive behaviours

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

**Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.**

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

The licensee has failed to ensure that written strategies were developed to respond to a resident's specific responsive behaviour.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed to meet the needs of residents with responsive behaviours are complied with.

The home's Dementia Care and Behavioural Supports policy directed staff to follow specific procedures related to reporting and management of the response behaviours. When interventions were ineffective and the responsive behaviours persisted the Behavioural Support Lead/Team were to initiate referral to other specialized internal team member and/or external resources.

Despite a resident's ongoing responsive behaviour and the interventions provided

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being ineffective, staff did not follow the directions as specified in the home's behavioural supports policy which resulted in a delay in the initiation of referrals to the internal Behavioural Team. Additionally, no referral to the external resources was initiated.

**Sources:** Long-Term Care Homes (LTCH) Inspector's observations, a critical incident report, a resident's clinical records, the home's investigation notes, the home's dementia care and behavioural supports policy, and interviews with staff.