

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

Hamilton District  
119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

## Public Report

<b>Report Issue Date:</b> February 13, 2026
<b>Inspection Number:</b> 2026-1369-0001
<b>Inspection Type:</b> Complaint Critical Incident
<b>Licensee:</b> Extendicare (Canada) Inc.
<b>Long Term Care Home and City:</b> Extendicare Mississauga, Mississauga

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: February 4-6, 9, 11-13, 2026

The following intakes were inspected:

- Intake #00163780 - Critical Incident (CI) related falls prevention and management.
- Intake #00165134 - CI related falls prevention and management.
- Intake #00166500 - CI related falls prevention and management.
- Intake #00167553 - Complaint related to maintenance services and continence care.

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

Continence Care  
Housekeeping, Laundry and Maintenance Services  
Safe and Secure Home  
Falls Prevention and Management

## 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-

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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: 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

A resident did not have their transfer logo revised and posted in their room as specified in their plan of care. During the course of inspection, the transfer logo was revised to the specified transfer.

**Sources:** Observations, a resident's clinical records, Safe Resident Handling Policy, and interview with a resident.

Date Remedy Implemented: February 9, 2026

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

On an identified date, a resident did not have a falling star logo posted as indicated by the home's falls prevention and management program. During the course of inspection, a falling star was posted outside the entry of the resident's room.

**Sources:** Observations, a resident's clinical records, Fall Prevention and Injury Reduction Policy, and interview with staff.

Date Remedy Implemented: February 9, 2026

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## WRITTEN NOTIFICATION: Plan of care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

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.

Observations on two identified dates, a resident was not wearing a specified intervention as indicated in their plan of care.

**Sources:** Observations, a resident's clinical records, and interview with a resident and staff.

## WRITTEN NOTIFICATION: Safe and Secure Home

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

### Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,  
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Two resident home areas were not maintained in a good state of repair following a water leak that occurred on an identified date. As a result of the leak, both resident home areas displayed water damage with visible staining and deterioration of the ceiling surfaces in the common areas and hallways.

**Sources:** Extendicare Mississauga Water Leak Incident Report, Semple Gooder Roofing Company Chimney Repair Quotation, observations, and interviews with Administrator and Environmental Services Manager.

## WRITTEN NOTIFICATION: Falls prevention and management

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

### Non-compliance with: O. Reg. 246/22, s. 54 (1)

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#### Falls prevention and management

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The home's falls prevention and management program was not complied with. Specifically, from identified dates and times, the licensee did not provide a resident with a specified functional device as part of their falls prevention plan to mitigate falls.

**Sources:** A resident's clinical records, observations, home's policy on Falls Prevention and Management Program, and interviews with staff.