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 East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: June 23, 2025
Inspection Number: 2025-1071-0005
Inspection Type: Complaint Critical Incident Follow up
Licensee: Extendicare (Canada) Inc.
Long Term Care Home and City: Extendicare Oshawa, Oshawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 10, 11, 13, and 16 - 19, 2025

The following intake(s) were inspected:

- A Follow-up #: 1. O. Reg. 246/22- s. 57 (1) 4. CDD May 30, 2025
- A Follow-up #: 1 -O. Reg. 246/22 -s. 123 (2) CDD May 30, 2025
- A complainant related to an allegation of verbal abuse.
- Three intakes related to allegations of physical abuse.
- An intake related to improper and incompetent care of residents by staff.
- A complaint related to resident's care and responsive behaviors.

Previously Issued Compliance Order(s)

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

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Order #001 from Inspection #2025-1071-0003 related to O. Reg. 246/22, s. 57 (1) 4.
Order #003 from Inspection #2025-1071-0003 related to O. Reg. 246/22, s. 123 (2)

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

Resident Care and Support Services
Medication Management
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 18.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

The licensee has failed to ensure that a resident's privacy was protected when a staff member did not provide privacy while changing the resident's clothes.

Sources: Critical Incident Report (CIR), interviews with the resident, staff and Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Home to be safe, secure environment

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 5
Home to be safe, secure environment
s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee failed to ensure that the home was a safe and secure environment for a resident. This failure was demonstrated when staff did not respond to the resident's call bell in a timely manner, potentially compromising the resident's safety and well-being.

Sources: internal policies, call bell reports and interviews with the resident and ADOC.

WRITTEN NOTIFICATION: Policies, etc., to be followed, and records

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 11 (1) (b)
Policies, etc., to be followed, and records
s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to

ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,
(b) is complied with.

The licensee has failed to ensure that the needs of a resident with responsive behaviours were met.

In accordance with Ontario Regulations (O.Reg.) 246/22, section (s.) 11 (1) (b), the licensee was required to ensure the home's Responsive Behaviours policy was complied with. Specifically, each resident was to be assessed and observed for indicators of responsive behaviours on admission, quarterly and as needed. The home will implement and evaluate strategies and interventions to prevent, minimize and address responsive behaviours.

A resident displayed verbal and physical responsive behaviours at residents and staff on multiple occasions since their admission. Pharmacological and non-pharmacological interventions prescribed by the physician were not consistently implemented.

The assessment to identify and monitor responsive behaviours was incomplete on admission and not completed on the quarterly assessment as directed in the policy.

The ADOC acknowledged that all staff had been trained on the Responsive Behaviours policy and should have followed it to manage the resident’s behaviours.

Sources: resident's clinical records, internal policies, and interview with ADOC.

WRITTEN NOTIFICATION: Continence care and bowel

management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The licensee failed to ensure the staff provided a resident with sufficient incontinence products to remain clean, dry, and comfortable.

A review of the home's internal investigation notes and interview with the ADOC indicated that the staff did not assist the resident with incontinence product changes on a specified date.

Sources: Internal investigation notes, CIR, and interview with the ADOC.

WRITTEN NOTIFICATION: Behaviours and altercations

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 60 (a)
Behaviours and altercations
s. 60. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

The licensee has failed to ensure that procedures and interventions were developed and implemented for a resident when they began demonstrating sexual responsive behaviours, posing a risk of harm and discomfort to staff and potentially other residents.

A staff member reported repeated incidents of inappropriate verbal and physical sexual behaviours. Staff reported discomfort during personal care due to the resident's sexualized vocalizations. Interventions in the care plan were vague and not reassessed despite continued behaviours.

Interview with the Director of Care (DOC) indicated that the home did not have a policy for identification and management of sexual expressions.

Sources: Clinical records for the resident, Interview with Personal Support Worker (PSW) and DOC.

WRITTEN NOTIFICATION: Dealing with Complaints

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 2.
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:
2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the

circumstances.

The licensee has failed to ensure that a resident who made a verbal complaint to the licensee on a specified date, regarding an allegation of verbal abuse, received a receipt of acknowledgement that the allegation could not be investigated within 10 business.

The resident received a letter indicating that the home was conducting an investigation on the allegation, however they did not receive a follow-up response until 26 days later. The response did not explain the reasons for believing the complaint was unfounded based on their internal investigation and interview with the ADOC.

Sources: home's internal investigation, internal policies, and interviews with the resident and ADOC.

COMPLIANCE ORDER CO #001 Responsive behaviours

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

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

The licensee shall:

(1) The DOC or designated manager must provide in -person training to clinical managers, social worker and all the registered staff, PSWs and BSO RPN on the following areas:

(a) The Home's Responsive Behaviours Policy
(b) Dementia Observation System (DOS) monitoring of a resident's exhibiting responsive behaviours, triggers, analysis, interventions implemented and the resident's response. Procedures and interventions to manage residents who exhibit sexual expressions.
(c) The training is to be documented including date of the training, content trained upon, name and role of the trainer and trainees. Documentation is to be kept and made available to the Inspector upon request.

(2) The DOC and the Behavioural Supports Ontario (BSO) team to revise the home's Responsive Behaviours policy to include a process to implement and monitor one to one supervision for residents with responsive behaviours. Include the revision of this policy in the education to be provided to all staff under condition #1.

(3) The DOC, or designated nurse manager will develop and implement a plan to respond to the exhibited behaviours of a resident, including reassessment of the resident and the resident's response to planned interventions. The plan is to be documented and communicated to all staff scheduled to work on the home area where the resident resides.

(4) The DOC and ADOC will conduct daily audits of the behaviours exhibited by all residents requiring DOS monitoring for a specified period of time to ensure the tool is fully completed with accuracy and their response to interventions. If interventions were not effective, the Director of Care in collaboration with the

Physician, and BSO team will reassess interventions and need for external supports.

Grounds

The licensee has failed to ensure that actions were taken, including the administration of medications when a resident exhibited responsive behaviours.

A resident displayed responsive behaviours towards other residents. The registered staff did not administer a medication prescribed to mitigate those behaviours. The BSO staff and RN acknowledged that the medications should have been administered to the resident when exhibiting responsive behaviours.

Additionally, on a specified date, the physician ordered daily medication related to the resident's behaviours. The registered nursing staff did not document the resident's response to the medication as directed by the home's internal policy.

Failure to respond to the resident's behavior increased the risk of harm to other residents.

Sources: resident's clinical records, internal policy, and interviews with BSO RPN and RN.

The licensee has failed to ensure that the monitoring of a resident's behavior using DOS was fully documented. There was no analysis completed of the data collected for six months to detect patterns in the resident's behaviours.

The DOS used to monitor the resident's behaviours was not completed correctly. Staff were not indicating behaviours in appropriate sections according the legend listed on the side of tool.

Additionally, the physician ordered a specific intervention in response to the resident's responsive behaviours, but the clinical records did not indicate when the intervention started. A PSW stated that the intervention was started for a few days, but the resident became agitated towards the staff providing the intervention. The ADOC acknowledged that PSW staff was using the incorrect tool to monitor the intervention, and there was no summary or analysis of the intervention.

Failure to complete and analyze behaviours demonstrated by the resident and provided interventions posed a risk of behavioural trends and triggers not being identified and planned care not being developed in response.

Sources: Resident's clinical record, clinical data collection tool, interview with the DOC.

This order must be complied with by September 12, 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
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

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.