

**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

## Original Public Report

<b>Report Issue Date:</b> October 25, 2024
<b>Inspection Number:</b> 2024-1342-0003
<b>Inspection Type:</b> Critical Incident
<b>Licensee:</b> Axium Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axium Extendicare LTC II GP Inc.
<b>Long Term Care Home and City:</b> Burloak, Burlington

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 15-16, 21, 2024

The following intake(s) were inspected:

- Intake: #00124305/CI# 2857-000017-24 - was related to falls

Present for the inspection was a Program Specialist.

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

- Infection Prevention and Control
- Falls Prevention and Management

## INSPECTION RESULTS

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## 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: 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;

The licensee has failed to ensure that the resident's plan of care was revised when the care needs of the resident changed.

### Rationale and Summary

On a specified date, a resident had a fall and sustained an injury that resulted in a change to their mobility requirements. The plan of care for the resident indicated for ambulation they could use their mobility devices independently.

During an interview with a staff member, it was confirmed that the resident was no longer able to use their mobility devices independently. After the interview the plan of care was revised to indicate that the resident is no longer independent with ambulation.

A staff member confirmed that the plan of care required clarification to indicate the most appropriate mobility device for the resident and immediately revised the plan

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of care to state that resident's primary mode of locomotion.

**Sources:** Resident care plan; interviews with staff.

Date Remedy Implemented: October 21, 2024