

**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:** November 14, 2025

**Inspection Number:** 2025-1341-0006

**Inspection Type:**

Critical Incident  
Follow up

**Licensee:** Axiom Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axiom Extendicare LTC II GP Inc.

**Long Term Care Home and City:** Columbia Forest, Waterloo

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 3 - 7, 10, 11 - 14, 2025

The following intake(s) were inspected:

- Intake: #00154473, #00156596, and #00159634 – Falls Prevention and Management
- Intake: #00155376 and #00155377 – Follow-up Orders related to Food, Nutrition and Hydration
- Intake: #00156026 – Resident Care and Support Services
- Intake: #00158403 – Infection Prevention and Control

## Previously Issued Compliance Order(s)

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

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Order #002 from Inspection #2025-1341-0005 related to O. Reg. 246/22, s. 78 (3)  
(b)

Order #001 from Inspection #2025-1341-0005 related to O. Reg. 246/22, s. 77 (5)

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

Resident Care and Support Services  
Food, Nutrition and Hydration  
Infection Prevention and Control  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: General Requirements for Programs

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 34 (2)**

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

A resident with a history of falls was placed on interventions that were to be checked every two hours during the night when awake. There was no evidence that the checks were documented in the resident's clinical records.

**Sources:** Resident's clinical records, and interviews with staff.

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## WRITTEN NOTIFICATION: Transferring and Positioning Techniques

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

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

A staff member transferred a resident on their own when the resident was a two-person transfer resulting in an injury.

**Source:** Resident's clinical records, observations and interviews with staff.

## WRITTEN NOTIFICATION: Infection Prevention and Control

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

Two staff members were observed in a resident's room that required staff to wear Personal Protective Equipment (PPE) if they were within two meters for the resident. The staff members were within two meters of the resident and were not wearing PPE as required.

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**Source:** Infection Prevention Policy (v5.0 Latest Version), observations and interviews with staff.