

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: May 5, 2025

Inspection Number: 2025-1093-0003

Inspection Type:

Proactive Compliance Inspection

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Medex, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 14, 15, 16, 17, 23, 24, 25, 28, 29, 30, 2025 and May 1, and 2, 2025.

This is a modified Public Inspection Report: The modification addresses the omission of the inspection type in the heading of the report. The inspection type is a Pro-Active Compliance Inspection (PCI).

The following intake was inspected: Intake: #00144843 - PCI

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Safe and Secure Home

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Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Based on assessment of resident

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

Non-compliance with: FLTCA, 2021, s. 6 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that the care set out in a resident's plan of care was based on the needs and preferences of that resident when they needed assistance with an activity of daily living and had specific care preferences which were not set out in their plan of care.

Sources: resident's electronic health record, Interviews with the resident, and staff.

WRITTEN NOTIFICATION: Plan of Care

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

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

Plan of care

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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.

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident to meet their care needs as specified in the plan.

The resident indicated they were embarrassed based on the result of the missed care.

Sources: Interviews with the resident, their Substitute Decision Maker, and review of the resident's health care records.

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

NC #003 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.

The licensee has failed to ensure that the home was maintained and in a good state of repair. Specifically, the locks to spa rooms on the first, second and third floor were not in a good state of repair.

Source: inspectors' observation and interviews with staff.

WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure when advised by the resident's council about concerns or recommendations from their food committee, that the licensee shall provide a written response to the resident's council within 10 days of making these concerns.

On two specific dates the resident's council food committee identified concerns to the licensee and no responses were provided back to the resident's council.

Sources: Review of resident council-food committee meeting minutes for three specific meetings, and written responses for one meeting and interview with staff.

WRITTEN NOTIFICATION: Licensee obligations if no Family Council

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

Non-compliance with: FLTCA, 2021, s. 65 (7) (b)

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee has failed to ensure that when there is no family council in the home, to ensure they convene semi-annual meetings to advise such persons of the right to

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establish a family council.

A staff indicated they did not have any meetings for establishing of a family council since 2023.

Sources: Interview with staff.

WRITTEN NOTIFICATION: Doors in a home

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that doors leading to non-residential areas were kept closed and locked. Specifically, on two dates in April 2025, the doors to two nonresidential areas were not closed and locked.

Sources: Inspectors' observation, interviews with staff.

WRITTEN NOTIFICATION: Communication and response system

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is

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equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The licensee has failed to ensure that the home's resident-staff communication and response system was easily seen and accessible to two specific residents at all times. Specifically, two residents call bells were not positioned where they could be seen and accessed by the residents.

Sources: Inspector's observations, interviews with a resident and staff.

WRITTEN NOTIFICATION: General requirements

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

1)The licensee has failed to ensure that the written record kept by the home relating to the annual skin and wound care program evaluation contained the dates that the changes to the program were implemented.

Sources: home's skin and wound care program evaluation, dated February 12, 2024 and interview with staff.

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2) The licensee has failed to ensure that the written record, relating to the annual pain program evaluation, contained the dates that the changes to the program were implemented as confirmed by the Director of Care (DOC).

Source: home's Quality Program Evaluation Palliative Care and Pain Management Evaluation and interview with staff.

WRITTEN NOTIFICATION: Nursing and personal support services

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that the written record relating to the nursing and personal support services staffing plan evaluation included the dates the changes to the staffing plan were implemented as confirmed by staff.

Sources: home's Quality Program Evaluation for Nursing and PSW staffing Services and interview with staff.

WRITTEN NOTIFICATION: Dining and snack service

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NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

The licensee has failed to ensure that the home's dining service was served course by course for three residents during a specific meal service. On two specific dates the inspector observed the lunch meal services and observed that three specific residents were not served their meals course by course impacting the amount of their meals they each ate. It was also noted from the resident council-food council minutes for the last three months that concerns had been raised from council that residents are not provided the time to eat course by course for meals.

Sources: Observations of two specific meal service on two units, review of the three residents' health care records and the resident council-food council minutes from three specific meetings and interview with staff.

**WRITTEN NOTIFICATION: Infection prevention and control
program**

NC #011 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).

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1) The licensee has failed to implement, any standard or protocol issued by the Director with respect to Infection Prevention And Control (IPAC).

In accordance with the Infection Prevention and Control (IPAC) Standard: 9.1 b, the licensee shall ensure that routine practices and additional precautions are followed in the IPAC program. At a minimum, routine practices shall include hand hygiene, including, but not limited to, the four moments of hand hygiene.

On a specific date a staff was observed being in contact with three residents and their environments, for assistance required during and after a meal service, but had not performed hand hygiene between these residents or their environments as required.

Sources: Inspector's observations and interviews with staff.

2) The licensee has failed to ensure compliance with any standard issued by the Director with respect to infection prevention and control (IPAC). Specifically, the licensee has failed to ensure compliance with section 6.7 of the IPAC Standard for Long-Term Care Homes, that all staff comply with applicable masking requirements at all times, when during an outbreak on the third floor, where staff were required to wear their masks at all times, it was observed that a staff was not wearing their mask correctly and another staff was not wearing a mask.

Sources: inspectors' observation and interviews with staff.

**WRITTEN NOTIFICATION: Continuous quality improvement
committee**

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NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that their Continuous Quality Improvement (CQI) committee was composed of at least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualifications of a personal support worker.

The staff indicated that they did not have a personal support worker on their CQI committee.

Sources: Review of the CQI report for 2024 and minutes from their first quarter meeting in 2025 and interviews with staff.