

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: December 5, 2025

Inspection Number: 2025-1093-0008

Inspection Type:

Complaint

Critical Incident

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Medex, Ottawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 7, 10, 12, 13, 14, 19, 20 and 24, 2025

The following intake(s) were inspected:

- Intake: #00156598 - related to an outbreak.
- Intake #00160139 - related to a complaint with concerns regarding a resident's mobility device.

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

- Infection Prevention and Control
- Responsive Behaviours
- Residents' Rights and Choices
- Pain Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Resident's Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 16.**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:

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

During a specific period, as part of a behavior plan to address certain behaviors and actions of a resident, the licensee changed the resident's mobility device on multiple occasions. The temporary change of the resident's mobility device was not a suitable measure to address the specific behaviors and actions of the resident, while meeting their care and service needs. A review of the resident's plan of care indicated that resident has specific medical conditions that were impacted due to the change in the resident's mobility device. As a result, the licensee did not fully respect and promote the resident's right to receive proper care and services consistent with their needs.

Sources: Review of resident's plan of care and interview with Assistant Director of Care.

WRITTEN NOTIFICATION: Required programs

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

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Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

Staff did not comply with the home's Pain management policy included in the licensee's pain management program. On two specific days, a resident verbalized increased pain for which a pain assessment was not completed by Registered staff. Although scheduled analgesic medication was administered to the resident, there was no monitoring or re-evaluation completed by Registered staff following the administration of this analgesic medication.

Sources: Review of resident's plan of care, Pain Management policy and interview with a Registered Nurse.

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

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).

The hand hygiene program did not include assisting residents to perform hand hygiene as multiple residents were not assisted by staff with their hand hygiene

**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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during a meal service on a specific day.

Sources: Inspector's observations of meal service and interview with a Personal Support Worker.