

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Public Report**

**Report Issue Date:** January 16, 2025

**Inspection Number:** 2025-1327-0001

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Extendicare (Canada) Inc.

**Long Term Care Home and City:** Extendicare Southwood Lakes, Windsor

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): January 13, 14, 15 and 16, 2025.

The following intake(s) were inspected:

- Intake: #00132805 - Complaint related to staffing.
- Intake: #00136251 - Complaint related to care and services
- Intake: #00136273 - Complaint related to care and services
- Intake: #00135960 - Critical Incident #2842-000065-24 - Outbreak
- Intake: #00136548 - Critical Incident #2842-000002-25 - Outbreak

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

Resident Care and Support Services  
Infection Prevention and Control  
Staffing, Training and Care Standards  
Reporting and Complaints

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## INSPECTION RESULTS

### 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 (1) (c)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee failed to ensure that clear direction regarding a resident's assistive devices for transferring in and out of bed was included in their plan of care.

The plan of care was updated and included specific interventions.

**Sources:** observation, interview with a PSW, and the resident's plan of care.

Date Remedy Implemented: January 14, 2025

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee failed to ensure that the plan of care for a resident included specific interventions.

The plan of care was updated to reflect the resident's needs.

**Sources:** observation and the resident's plan of care.

Date Remedy Implemented: January 14, 2025

**WRITTEN NOTIFICATION: 24-hour nursing care**

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

**Non-compliance with: FLTCA, 2021, s. 11 (3)**

Nursing and personal support services

s. 11 (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

The licensee failed to ensure a Registered Nurse was on duty at all times.

Review of the homes Registered Nurse (RN) schedule and interview with the Scheduling and an Attendance Coordinator showed that the home did not have an

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RN in the building, on specified dates. Not having an RN in the building at all times placed the residents at risk of not receiving care that could only be provided by an RN.

**Sources:** RN schedules, interview with the Scheduling Assistant Coordinator, Staffing Contingency Plan, email from the Director of Care.

### **WRITTEN NOTIFICATION: Availability of Supplies**

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

**Non-compliance with: O. Reg. 246/22, s. 48**

Availability of supplies

s. 48. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

The licensee failed to ensure that an assistive safety device, was readily available. An assessment documented that a resident would have benefited from this assistive device, however this was not implemented til a later date.

**Sources:** Physiotherapy assessment, resident's progress notes, and interview with the DOC.

### **WRITTEN NOTIFICATION: Falls Prevention and Management**

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

**Non-compliance with: O. Reg. 246/22, s. 54 (2)**

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted

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using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

A resident had a fall. After a review of the clinical chart and interview with the DOC it was determined that a post fall assessment was not completed which put the resident at risk for further injury.

**Sources:** A resident's progress notes and interview with the DOC.