Ontario

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

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

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Public Report

Report Issue Date: October 8, 2025

Inspection Number: 2025-1327-0007

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): September 23-26, 29, 2025 and October 1-3, 7-8, 2025

The following intake(s) were inspected:

- Intake: #00154731/CI#2842-000035-25 related to neglect of resident
- Intake: #00157621/Complaint with concerns regarding medication errors by a nurse
- Intake: #00158450/Complaint with multiple care concerns for multiple residents

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

Continence Care
Medication Management
Falls Prevention and Management

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 a resident's plan of care set out clear directions to the staff that provided continence care to the resident.
The Director of Care acknowledged in an interview that the continence care plan was not specific enough for this resident and the care plan was updated immediately, to outline the toileting routine timelines.

Sources: resident's clinical record, interviews with staff

Date Remedy Implemented: September 25, 2025

WRITTEN NOTIFICATION: Clear Direction- Wheelchair Tilt

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

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 the plan of care for a resident provided clear directions to staff related to the purpose of tilting the resident's wheelchair. An assessment was completed for the tilt component of the resident's wheelchair on an identified date and stated that the intended purpose was for "positioning/postural support." In the care plan, the tilt was described having a different purpose, although the need for tilt had also had the purpose of positioning and postural support .

Sources: observation, resident's medical record, and interview with Falls Lead.

WRITTEN NOTIFICATION: Tilt Assessment

NC #003 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 failed to ensure that the care set out in the plan of care for a resident was based on an assessment and the needs of that resident. This resident was observed on two occasions in their wheelchair while in a tilt position when they were not assessed for the use of the tilt function, nor did the plan of care indicate the need for tilt.

Sources: observations, resident's clinical record, and interview with Falls Lead.

WRITTEN NOTIFICATION: Reassessment of Transfer Status

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

The licensee failed to ensure that a resident's transfer status was reassessed when their care needs changed. The resident's care plan indicated the transfer of the resident. However, it was established that staff had been inconsistently using a transfer device for the resident during a lengthened period of time without reassessment.

Sources: resident 's care plan, observations, and interviews with Personal Support Workers (PSWs) and Falls Lead.

WRITTEN NOTIFICATION: Continence Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or

circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

The licensee failed to ensure that two residents received an assessment of their continence status, when the residents' bowel and bladder continence level had changed.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee was required to ensure that plan, policy, protocol, program, procedure, strategy, initiative or system is complied with.

The home's continence care program indicated that a resident's continence status will be assessed with any change in resident's continence status. A Registered Practical Nurse and the Incontinence Lead acknowledged that any resident whose level of continence changes, should have an assessment completed.

Sources: residents' clinical records, interviews with staff

WRITTEN NOTIFICATION: Continence care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee failed to ensure that a resident's plan of care included individualized strategies to promote and manage bowel and bladder continence based on the assessment completed on an identified date when resident experienced a change in their level of bowel and bladder continence. In an interview with the Incontinence Lead, it was acknowledged that continence plan of care was not specific to resident's toileting needs.

Sources: resident's clinical record, interviews with Personal Support Worker staff and Incontinence Lead.

WRITTEN NOTIFICATION: Medication Administration

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that medications were administered in accordance with directions for use as specified by the prescriber to two residents in the home. On two identified dates, the two residents did not receive their prescribed medication.

Sources: medical records of both residents and interview with Director of Care.