

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** July 11, 2025

**Inspection Number:** 2025-1335-0002

**Inspection Type:**

Complaint  
Critical Incident

**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:** Fenelon Court, Fenelon Falls

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 7, 8, 9, 10, 11 2025

The following intake(s) were inspected:

- Intake: #00144242 - IL-0138734-AH/CI #2850-000005-25 - Fall of resident with injury.
- Intake: #00150578 - Complaint - Improper care of resident

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

Safe and Secure Home  
Staffing, Training and Care Standards  
Falls Prevention and Management

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Required programs

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

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

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:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the home's Fall Prevention and Injury Reduction Program when a resident and did not have a Fall Risk Screen, a Fall Risk Assessment and an Environmental Fall Prevention Scan completed.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the falls prevention and injury reduction program were complied with.

Specifically, the resident did not have a Fall Risk Screen, a Fall Risk Assessment and an Environmental Fall Prevention Scan completed upon return from hospitalization as required in the home's Fall Prevention and Injury Reduction Policy.

**Sources:** Critical Incident Report (CIR) # 2850-000005-25 , resident clinical record, home's Fall Prevention and Injury Reduction Program – Return from Hospitalization CARE5-010.02, interview with Falls Lead

## WRITTEN NOTIFICATION: Falls prevention and management

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

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee failed to ensure that a resident was monitored for falls when an alarm was activated and staff failed to respond to the alarm. A visitor alerted staff that resident had fallen and was on the floor beside their bed.

**Sources:** Critical Incident Report (CIR) # 2850-000005-25 , resident clinical record, interviews with Executive Director (ED) and RN , observation of distance of resident room from meeting room.

## WRITTEN NOTIFICATION: Reports re critical incidents

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

**Non-compliance with: O. Reg. 246/22, s. 115 (5) 2. ii.**

Reports re critical incidents

s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

2. A description of the individuals involved in the incident, including,

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ii. names of any staff members or other persons who were present at or discovered the incident, and

The licensee failed to report the names of any staff members or other persons who were present at or discovered that a resident had fallen within 10 days of becoming aware of the incident. The critical incident report was not updated with the required information requested by the Centralized Intake, Assessment and Triage Team (CIATT) within the timeframe requested or at any time after.

**Sources:** Critical Incident Report (CIR) # 2850-000005-25, interview with ED

## **COMPLIANCE ORDER CO #001 Visitor policy**

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 267 (2)**

Visitor policy

s. 267 (2) Every licensee of a long-term care home shall maintain visitor logs for a minimum of 30 days which include, at a minimum,

- (a) the name and contact information of the visitor;
- (b) the time and date of the visit; and
- (c) the name of the resident visited.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

1. The Executive Director (ED) or designate shall ensure that the electronic visitor sign in system used by the home is available and functioning. If the electronic system is not functioning the ED or designate shall ensure that an alternate system is immediately put in place that captures at a minimum the name and contact

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information of the visitor, the time and date of the visit; and the name of the resident visited.

- 2.The ED or designate shall create a plan for how ongoing monitoring of visitors entering / exiting the home will occur when the electronic system is not functioning.
- 3.Signage shall be posted reminding all visitors of the requirement to sign in / out each time they enter / exit the home.
- 4.Audit the paper based / electronic visitor entrance / exit monitoring system for a period of 4 weeks to ensure that all required information is documented.
- 5.Make the results of the audit available to the inspector upon request.

**Grounds**

**Introduction**

The licensee has failed to ensure that there was a functional, consistent system for monitoring the entrance / exit of visitors to the home during a specific timeframe which included the name and contact information of the visitor, the time and date of the visit and the name of the resident visited.

**Rationale and Summary**

A review of the visitor sign in records provided by the Executive Director (ED) (request made by inspector for visitor logs for the last 30 days) indicated that data was available for only 9 days. f A review of the paper sign in document at the reception desk on a specific date consisted of information requested : date, time, name, in /out. On a specific date inspector observed numerous visitors entering the home during a 2 hour period as the home was hosting a special event for residents and visitors. There was no evidence provided indicating during this time that visitors signed in or out using an electronic or paper based monitoring system.

In an interview a resident's family member, who visits daily, was asked if they were required to sign in when they visited in the home. The family member indicated

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that they typically signed in at each visit via an ipad at the reception desk but that the ipad has not been functioning for approximately three weeks.

The ED indicated that the visitor sign in ipad had not been working for some time and that a ticket had been submitted to IT on a specific date advising that the system was down and required repair. The ED indicated that the front reception desk is not staffed.

The unavailability of a functional electronic visitor sign in system or alternate paper based system increases the potential for unauthorized visitors to enter the home. Undocumented entry to the home and a lack of information about visitors currently in the home limits awareness of who is in the home in case of fire / other emergency situations and may potentially put residents at risk.

**Sources:** interviews with resident visitor and ED, observation of visitor sign in system, review of visitor sign in documentation for a 30 day period, paper based visitor sign in on a specific date.

**This order must be complied with by** August 22, 2025

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar



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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).