

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: March 20, 2026

Inspection Number: 2026-1330-0004

Inspection Type:

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: Longfields Manor, Nepean

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 13, and 16 to 20, 2026.

The following intakes were inspected:

-Intake: #00169103 - Rhinovirus Outbreak

-Intake: #00170923 - Neglect of a resident by a staff.

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

- Infection Prevention and Control
- Prevention of Abuse and Neglect

INSPECTION RESULTS

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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 goal for a specific activity of daily living that was set out in a resident's plan of care was for the resident to be supported with the use of a specific assistive device throughout the review period. However, the intervention, on a specific shift, was for a program that did not require the use of the specific assistive device and did not provide clear directions to the staff to meet the resident's goal. As explained by the ADOC the program that was outlined for the resident did not align with the resident's goal.

The inspector was later presented with a copy of the resident's care plan in which the intervention had been revised to include the use of the assistive device and align with the resident's goal.

Source: resident health record review and interview with staff.

Date Remedy Implemented: March 19, 2026.

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Non-Compliance Remedied

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

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.

A resident was assessed to have the ability to use a specific assistance device and preferred to do so in order to complete an activity of daily living. However, the intervention in the resident's plan of care, for a specific shift, did not include the use of the specific assistance device to perform the activity of daily living as the resident preferred. The intervention was not based on the assessment of the resident's ability or the resident's preference.

The inspector was later presented with a copy of the resident's care plan in which the interventions for the activity of daily living had been revised to include the use of the specific assistive device and the resident's preference on all three shifts.

Sources: resident health record, interview with the resident and staff members.

Date Remedy Implemented: March 19, 2026.

WRITTEN NOTIFICATION: Staff and others to be kept aware

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

Non-compliance with: FLTCA, 2021, s. 6 (8)

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to

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a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

A staff was unaware that a resident had a plan of care or of the information it contained. Specifically, in an interview with the staff member they stated that a specific resident did not have a care plan and was unclear as to the interventions for the resident.

Sources: interview with staff members.

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

On a specific date in February 2026 a resident was not provided the requested assistance to maintain their continence. As a result, the resident was incontinent and was not provided care for a specific length of time.

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

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WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (e)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

A resident was put on a program in which an incontinent product was used instead of the resident being assisted to the toilet. Specifically, on a certain shift the resident's plan of care did not include for the resident to be toileted, as they were on other shifts, but for care to be provided with the use of an incontinent product.

Sources: resident's health record and interview with staff members.