Ontario

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

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: March 10, 2026
Inspection Number: 2026-1347-0001
Inspection Type: Complaint Critical Incident
Licensee: Axium Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axium Extendicare LTC II GP Inc.
Long Term Care Home and City: Northridge, Oakville

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: February 25-27, 2026 and March 2-6, 9-10, 2026

The following intakes were inspected:
- Intake: #00168506 - Critical Incident (CI) #2862-000002-26 - Falls Prevention and Management
- Intake: #00168597 - CI #2862-000003-26 - Falls Prevention and Management
- Intake: #00168602 - CI #2862-000004-26 - Falls Prevention and Management
- Intake: #00170531 - Complaint - Falls Prevention and Management, Resident Care and Support Services, Medication Management, Food, Nutrition and Hydration

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

Resident Care and Support Services
Medication Management

Food, Nutrition and Hydration
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A resident's Power of Attorney (POA) was not notified about care services prior to the scheduled care, as specified in resident's plan of care.

Sources: Resident's clinical records, staff interviews.

WRITTEN NOTIFICATION: Explanation of plan

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (12)
Plan of care
s. 6 (12) The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an explanation of the plan of care.

A resident’s substitute decision maker (SDM) was not provided with an explanation

of the plan of care, specific to implementation of an intervention to manage the resident's symptoms.

Sources: staff interviews, resident's clinical records.

WRITTEN NOTIFICATION: Medication management system

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (2)
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee's policy directs that medication will not be left unattended for a resident to self-administer.

A registered staff member left a medication with a resident without supervision, allowing the resident to self-administer.

Sources: Staff interviews, complaint investigation form, The LTCH's Medication Management procedure (last modified August 25, 2025).

COMPLIANCE ORDER CO #001 Falls prevention and management

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 54 (1)

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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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The inspector is ordering the licensee to ensure compliance with O Reg 246/22 s. 54 (1) as it pertains to falls prevention and management.

Specifically, the licensee shall:

1) Identify all residents using the current, malfunctioning fall prevention and management device and replace with an alternate device.

2) Maintain a written record of the residents who had the malfunctioning device, the alternate intervention, and the date the improvement was implemented.

Grounds

A) The home's Fall Prevention and Injury Reduction Program stated resident safety and independence will be supported through the use of equipment.

A resident's fall prevention device was not functional and removed from the resident's surroundings. A registered staff was aware that the resident did not have the device present and left the room. When the resident was left unattended, they sustained a fall with injury.

B) The home's Post-Fall Procedure stated when resident has fallen, once the nurse assesses the resident and deems it safe, assist the resident off the floor by a mechanical lift.

A resident sustained a fall with injury. The resident was not assessed prior to being transferred, and was not transferred by a mechanical lift.

The resident was put at risk for falls with injury when staff failed to follow the home's fall prevention and management program.

Sources: resident's clinical records, Fall Prevention and Injury Reduction Program (last modified October 22, 2025), Safe Resident Handling Policy (dated August 25, 2025), and Post-Fall Procedure (dated August 25, 2025), Critical Incident (CI) investigation notes, and staff interviews.

C) The home's Fall Prevention and Injury Reduction Program stated resident safety and independence will be supported through the use of equipment.

The home identified that the fall prevention devices for residents were malfunctioning.

The home purchased several new devices to replace the malfunctioning devices; however, the quantity was insufficient to supply all residents who required them.

A resident had the malfunctioning device in place and self transferred, where they experienced a fall. It was confirmed that the device did not work.

Although the facility recognized a systemic falls risk related to the malfunctioning

device, the resident's device was not replaced to mitigate this risk.

Sources: staff interviews, resident's in-room surveillance videos, resident's clinical records, MEDLINE invoice for new alarms, Fall Prevention and Injury Reduction policy (last modified October 22, 2025).

This order must be complied with by June 1, 2026

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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, 8th floor
Toronto, ON, M7A 1N3

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Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

e-mail: MLTC.AppealsCoordinator@ontario.ca

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
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.