

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: June 2, 2025

Inspection Number: 2025-1378-0002

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: Sherwood Court Long Term Care Centre, Maple

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 26, 27, 28, 29, 30, 2025 and June 2, 2025

The following intake(s) were inspected:

- An intake related to the alleged improper care of a resident.
- A complaint related to dining and safety.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Infection Prevention and Control

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Emergency Plans

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

Non-compliance with: O. Reg. 246/22, s. 268 (8) (a)

Emergency plans

s. 268 (8) The licensee shall ensure that the emergency plans for the home are evaluated and updated,

(a) at least annually, including the updating of all emergency contact information of the entities referred to in paragraph 4 of subsection 268 (4); and

The licensee failed to update the emergency plan on an annual basis.

During a review of the long-term care home (LTCH)'s emergency plans, it was observed that the Fire Safety Plan (FSP) had not been updated since 2019 and contained out of date contact information. During an interview with the LTCH's assigned Fire Prevention Officer (FPO) it was reported that the LTCH had been asked to submit an updated FSP but had failed to do so. The Executive Director (ED) reported that they had not been informed by the previous Environmental Services Manager (ESM) of the request for the plan to be updated.

Sources: Interview with FPO and ED, FSP dated 2019.

WRITTEN NOTIFICATION: Construction, renovation, etc., of homes

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

Non-compliance with: O. Reg. 246/22, s. 356 (2)

Construction, renovation, etc., of homes

s. 356 (2) A licensee shall not allow alterations, additions, renovations, maintenance or repairs to be made to the home or its equipment that do not maintain or improve upon the functional aspects of the home or equipment.

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The licensee failed to ensure approval from the Director was received prior to undertaking modifications to the resident dining areas on all three resident home areas (RHA) that included the removal of drywall and the decommissioning of a portion of the dining area.

The Ministry of Long-Term Care (MLTC) received a complaint from the LTCH's Family Council expressing concern with regards to the displacement of residents from regularly assigned seats in the dining areas. Upon inspection, it was noted that the rear portion of the dining room had areas of drywall removed, with exposed wires, screws, support beams and wooden beams. The areas had been made non-operational through the use of barricades, resulting in additional tables being added to the primary dining space to accommodate the displaced residents. According to the ED the cordoning off of the rear area of the dining rooms resulted in an increase of four to five tables to the main dining area.

During a discussion with representatives of Extendicare Capital Asset Management division and the LTCH's ED it was determined that work had commenced sometime in the fall of 2024 and there was no clear timeline or end date for this project as well as no proposal submitted to MLTC for review and approval.

Sources: observations, interview with ED and Extendicare Director of Asset Management.

**COMPLIANCE ORDER CO #001 Home to be safe, secure
environment**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe

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and secure environment for its residents.

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

1. The Licensee shall make the necessary repairs to all RHA dining areas where drywall was removed ensuring that repairs are completed to each area ensuring that there is full closure of the wall with no exposure of wires or other building materials.

2. Upon receipt of the licensee report, the Licensee will conduct Code Blue drills on a weekly basis in the specified RHA dining area during mealtime ensuring that the drills are conducted across all three mealtimes on a rotational basis. These drills are to be conducted with staff who are regularly assigned to the specified RHA. A member of the senior management team is to observe and audit the drill in its entirety and conduct a gap analysis to identify any staff who require additional training or procedural areas requiring correction. A post drill analysis is to be completed by senior management and any identified areas for improvement are to be reviewed with the staff of the RHA with corrective training provided. In the event that there are deficiencies identified with the LTCH's process, these will be reviewed by the senior management team with corrective actions initiated immediately. These drills are to continue until this order is complied. All records relevant to the drills, including date and time of drill, name of manager supervising the drill, participating staff names and department, completion times, corrective education, evaluation and analysis are to be maintained and made available to the Inspector upon request.

3. The Licensee shall engage the support of a municipal building inspector for the purpose of conducting an occupancy review of the specified dining area to assess the capacity of the dining area with the additional residents and tables present in the area during mealtimes. The LTCH will undertake any identified corrective

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actions relevant to the suggestions and recommendations of the building inspector and update any emergency plans to reflect the suggestions and recommendations. All records relevant to the inspection will be maintained and made available to the Inspector upon their request.

Grounds

The licensee has failed to ensure that the home is a safe and secure environment for the residents.

During an inspection a number of areas of concern were noted in relation to resident safety.

In the dining areas of each resident home area (RHA) it was observed that drywall had been removed and temporary barriers had been put in place to try to discourage resident entry in to the rear quadrant of the dining room where drywall had been removed. The Inspector observed there to be exposed screws and wires in each of the locations where the drywall had been removed. According to the Extendicare Senior Director of Asset Management, this drywall was removed sometime around September 2024 and it is anticipated to have the area renovated or otherwise restored by end of August, 2025.

With the installation of temporary barriers, the rear dining areas have become unsuitable for resident dining service, leading to an increase in the number of residents placed in the larger dining area, resulting in congestion. On multiple occasions, residents were observed to experience difficulty with entering and exiting the dining areas due to the volume of residents and assistive devices in the dining area. On one occasion, in a specified dining area, staff were observed to have to remove a resident fully from their table in the dining area to allow another resident sufficient space to exit the dining area. On another occasion in a separate identified resident dining area, a resident was observed to attempt to enter the

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dining area with their assistive device, becoming temporarily stuck between a co-resident's assistive device and equipment adjacent to the server. The resident's family member who was accompanying them had to provide assistance to the resident to exit the area.

Failure to properly assess and plan for the decommissioning of the rear portion of the resident dining area created an increased risk of delays in response time in the event of a medical emergency as well as the potential for an increase in time required for emergency evacuation.

Sources: observations of resident dining areas, interviews, email of Extendicare Senior Director of Asset Management.

This order must be complied with by August 26, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$2200.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same

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requirement.

Compliance History:

Two High Priority Compliance Orders were issued in the past 36 months to this specific legislative reference, therefore there is an existing compliance history.

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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REVIEW/APEAL 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
e-mail: 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
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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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.