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

London District
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Telephone: (800) 663-3775

Public Report

Report Issue Date: April 10, 2025

Inspection Number: 2025-1168-0003

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: Elmwood Place, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 31, 2025 and April 1- 4 and 7-10, 2025.

The following intake(s) were inspected:
• Intake: #00141159 /Critical Incident System (CIS) report #3054-000003-25 related to resident abuse.
• Intake: #00143327 Complaint related to resident care and services.
• Intake: #00144232 /CIS #3054-000016-25 related to the improper care of a resident.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Prevention of Abuse and Neglect
Responsive Behaviours
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Late Reporting

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 1.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee failed to immediately report to the Director, improper or incompetent treatment or care of a resident that results in harm or risk to a resident. The home received a complaint email related to the care of a resident, given the nature of the complaint, immediate reporting was required.

Sources: Critical Incident System (CIS) report submitted April 3, 2025, Email train of complaint dated March 30, 2025.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that an immediate report was made to the Director regarding an alleged incident of resident to resident physical abuse. A Critical Incident System (CIS) Report was submitted to the Director a day after the alleged incident of abuse occurred.

Sources: Review of CIS Report #3054-000003-25 and interviews with staff.

WRITTEN NOTIFICATION: Required Programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.
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:
4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee has failed to comply with their pain management program.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure there is a pain management program to identify and manage pain in residents, and this program must be complied with.

Specifically, staff did not comply with the home's pain management program when they failed to complete a comprehensive pain assessment on a resident who experienced a change in condition or when the resident/family verbalized pain in accordance with the home's Pain Assessment Policy Reviewed March 31, 2024.

Sources: Point click care documentation for the resident, Interview with home's staff, Complaint telephone interview, Pain Assessment Policy Reviewed Date: March 31, 2024.

WRITTEN NOTIFICATION: Skin and Wound

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The licensee failed to provide immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required. A resident had findings of skin concerns, as per administration records, treatment for a specific skin concern was not provided until 8 days after the finding.

Sources: Interviews with the DOC and wound lead, documentation for administration of wound care , resident's orders for skin care.

WRITTEN NOTIFICATION: Skin and Wound

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure each area of skin and wound concern was re-assessed at least weekly, for a resident.

The home's staff failed to fully complete a skin and wound assessment for a resident for a specific skin concern as required. Additionally a skin and wound assessment for another area of compromised skin integrity was not done.
Failure to assess each wound weekly as required may contribute to pain and delay in wound healing.

Sources: Skin and Wound Assessments of a resident , Orders for skin and wound care, staff interviews, treatment administration record.

WRITTEN NOTIFICATION: Feeding Assistance

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

The licensee failed to provide a resident with the personal assistance required to safely eat and drink at breakfast. The resident did not receive specific supports as

required to safely eat and drink comfortably.

Sources: Resident care plan , Kardex and Progress note, staff interviews, photo of breakfast tray, point of care(POC) -ADL Eating documentation.