

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## Public Report

**Report Issue Date:** July 31, 2025

**Inspection Number:** 2025-1168-0006

**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:** Elmwood Place, London

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 22, 23, 25, 28 and 31, 2025

The following intake(s) were inspected:

- Intake: #00151983 / 3054-000039-25 related to fall prevention and management.

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

Skin and Wound Prevention and Management  
Falls Prevention and Management

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (1) (a)**

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,  
(a) the planned care for the resident;

The licensee has failed to ensure when a resident incurred an injury that their treatment administration record (TAR) set out the planned care for the injury.

A progress note indicated that the resident had returned to the home with a diagnosed injury. There were no physician's orders and no treatments documented in the resident's TAR related to the monitoring and assessment for the injury.

**Sources:** Review of resident clinical record, the home's "Skin & Wound Care Policy" CARE12-010.02, last reviewed March, 2025; and interviews with staff.

## WRITTEN NOTIFICATION: Required programs

NC #002 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.

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The licensee has failed to comply with the home's pain management program when the registered staff did not complete a pain assessment on a resident when they had a change in condition and sustained an injury.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written programs developed are complied with.

As per the home's "Pain Assessment and Management" policy the nurse will "assess the resident for the following but not limited to a change in condition i.e post fall, confirmed fracture. "

A resident sustained an injury. A pain assessment was not initiated to reflect their change in condition and the confirmed injury.

Sources: Review of resident clinical records and the home's "Pain Assessment and Management " Policy CARE8-010.01 last reviewed March 31,2024; and interviews with the home's staff.

## **WRITTEN NOTIFICATION: Skin and wound care**

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)

(ii) upon any return of the resident from hospital, and

The Licensee has failed to ensure that a resident had a skin assessment completed

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upon return from the hospital.

A resident sustained an injury. The resident's assessment record indicated no skin assessment was completed for the resident on returning to the home from hospital.

**Sources:** Resident progress notes and assessments (Skin & Wound Evaluation V6.0); Interviews with staff; the Home's Skin and Wound Care policy.