

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**

London District

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Public Report

Report Issue Date: October 28, 2025

Inspection Number: 2025-1168-0008

Inspection Type:

Complaint

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 dates: October 21, 23-24, and 27-28, 2025.

The following intake was inspected:

- Complaint intake #00160041 related to concerns about care for a resident.

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

Skin and Wound Prevention and Management
Continence Care

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

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,
 - (i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that a resident received a skin assessment using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment when they exhibited an area of altered skin integrity.

Registered staff in the home were required to take a picture on the home's skin and wound application and complete a skin and wound evaluation on PointClickCare (PCC) for any new area of altered skin integrity on a resident.

It was noted by registered staff on a specific date that a resident had an area of altered skin integrity and the plan was for the area to be monitored and appropriate skin care measures to be followed. The first documented skin and wound evaluation for this area of altered skin integrity was not completed until 8 weeks later and treatment orders were not initiated until this date.

Sources: the resident's clinical record, including their care plan, progress notes, skin and wound evaluations, and orders; the home's skin and wound prevention and management program policies; and staff interviews.

WRITTEN NOTIFICATION: Continence Care and Bowel Management

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

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

Continence care and bowel management

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

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

The licensee failed to ensure that a resident received an assessment that included the identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident required, an assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

The home's continence management guideline policy and procedure directed staff to complete monitoring of a resident's bladder continence for three days and a continence assessment with any change in bladder status.

The resident experienced a significant change in their bladder continence status and they did not have three-day monitoring or a continence assessment completed when they experienced a significant change in their bladder continence status.

Sources: clinical record review for the resident; the home's CARE5-P10.01 Continence Management Guideline policy; and staff interviews.