

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: December 17, 2025

Inspection Number: 2025-1168-0009

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): November 27, 28, 2025 and December 1, 2, 3, 4, 8, 9, 12, 15, 16, 17, 2025

The inspection occurred offsite on the following date(s): December 10, 11, 16, 2025

The following intake(s) were inspected:

- CIS 3054-000050-25 related to responsive behaviours
- CIS 3054-000051-25 related to responsive behaviours
- CIS 3054-000052-25 related to responsive behaviours
- CIS 3054-000053-25 related to responsive behaviours
- Complaint related to care concerns, complaint response, and residents' rights

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

- Resident Care and Support Services
- Responsive Behaviours
- Prevention of Abuse and Neglect

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Reporting and Complaints
Residents' Rights and Choices

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

19. Every resident has the right to,

iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

The Power of Attorney (POA) for a resident had requested a copy of the resident's care plan. The POA did not receive a copy of the care plan for multiple months. The POA received a copy of the care plan while the inspection was being completed.

Sources: The home's documentation records; Email communication between POA and Director of Care (DOC); and interviews with POA and DOC.

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Date Remedy Implemented: December 15, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

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

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,

(c) clear directions to staff and others who provide direct care to the resident; and

A resident required repositioning at specific time intervals. The resident's care plan did not provide clear direction to staff on how often the resident was to be repositioned. The care plan and Kardex were updated to include clear direction related to repositioning.

Sources: Resident's clinical records, including care plan and Kardex; and interviews with staff.

Date Remedy Implemented: December 4, 2025

WRITTEN NOTIFICATION: Plan of Care - Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The provision of care related to nail care was not documented. A resident's care

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plan identified that they were to have their nails trimmed and there was no consistent documentation related to fingernails being trimmed, and there was no documentation related to toenails being trimmed.

Sources: The home's Personal Care - Oral, Nail and Foot Care Policy (#CARE4-P10.02 policy, dated August 25, 2025); resident's clinical records, including care plan, task records, documentation survey report, progress notes, and eTAR; and interviews with staff.

WRITTEN NOTIFICATION: Complaints procedure - Licensee

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

A complaint that alleged a risk of harm to a resident was not immediately forwarded to the Director. An e-mail from a resident's Power of Attorney (POA) outlined concerns related to the resident's care which were noted to be discussed with the home previously. The Director of Care (DOC) acknowledged that the e-mail related to resident care should have been considered a written complaint and was not reported to the Director.

Sources: The home's documentation records; the home's Complaint and Customer

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Service policy; and interviews with the DOC and other staff.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (2) (c)

Responsive behaviours

s. 58 (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,

(c) co-ordinated and implemented on an interdisciplinary basis.

A resident was involved in multiple resident to resident altercations. The home did not follow their Mental Health and Dementia Care policy when a specific documentation tool was not completed following the incidents.

Sources: Policy CARE7-P10.01 Mental Health & Dementia Care; clinical record review for a resident; and an interview with the DOC.

WRITTEN NOTIFICATION: Dealing with complaints

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint;

(b) the date the complaint was received;

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

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- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

A documented record of a written complaint regarding the care for a resident was not kept in the home that included all the required information. A complaint was reported to the Ministry of Long-Term Care (MLTC) by a resident's Power of Attorney (POA) which outlined care concerns for the resident.

The Complaints and Customer Service Policy documented that all staff were responsible for initiating the complaints process. As part of the complaints process, the policy referenced the Complaint Investigation Form, to which staff would document the type of complaint, the date and time of incident, and summary of actions to be taken. The policy referenced procedures related to written responses to the complainant.

The Director of Care (DOC) acknowledged that the e-mail submitted to the home related to care for the resident should have been considered a written complaint, but the home's Complaint Investigation Form was not completed as required and a written response was not provided.

Sources: MLTC Complaint Intake, the home's complaint/investigation binder, the home's Complaints and Customer Service Policy, a review of a resident's clinical record, and an interview with the DOC and other staff.