

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: September 16, 2025

Inspection Number: 2025-1356-0004

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: Winbourne Park, Ajax

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 25- 27, 2025 and September 2, 3 and 8, 2025 were on site and September 11-12 were off site.

The following intake(s) were inspected:
-One intake regarding a fall with injury.

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

Non-compliance with O. Reg. 246/22 s. 102 (2) b

The Licensee has failed to implement any standard or protocol issued by the Director

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with respect to infection prevention and control.

During an onsite inspection, a room under additional precautions lacked a designated PPE disposal receptacle. Soiled linens were found on top of the clean PPE caddy. A visitor acknowledged placing the linens there and reported not receiving education on PPE use. Staff stated that IPAC education is provided upon admission and during outbreaks. The absence of a garbage receptacle was attributed to resident-specific triggers, though staff could not specify the trigger.

Sources: Review of the IPAC Standard for Long-Term Care Homes (September 2023), resident care plan, and interviews with staff and a visitor.

COMPLIANCE ORDER CO #001 Restorative Care

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 13 (1)

Restorative care

s. 13 (1) Every licensee of a long-term care home shall ensure that there is an organized interdisciplinary program with a restorative care philosophy that,

(b) where relevant to the resident's assessed care needs, includes, but is not limited to, care or services that address psychosocial needs and physiotherapy and other therapy services, any of which may be either arranged or provided by the licensee.

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

The Licensee will develop and implement a process for making sure that all wheelchairs brought from outside the home are identified and an assessment is conducted by PT for resident safety.

- a) The licensee will develop a system to identify the homes supply of wheelchairs and also the wheelchairs brought in from family and friends.
- b) Education of the identification of wheelchairs will be provided to all PSW, RPN and RN.
- c) Please keep a record of the education provided and who took the education and who provided the education. Please make this available to the inspector when requested.

Grounds

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Non-compliance with FLTCA, 2021 s. 13 (1)

The licensee has failed to ensure that residents are provided with information and assistance in obtaining goods, services and equipment that are relevant to the residents' health care needs but are not provided by the licensee.

A borrowed wheelchair was brought in by a resident's family without a documented arrival date. Staff noted the wheelchair was too small and notified registered staff. The physiotherapist confirmed that all external wheelchairs require assessment but did not receive a referral for this one. Upon seeing the wheelchair, the physiotherapist deemed it unsafe and asked the family to remove it. The home's policy requires safety assessments for personal items prior to use.

Sources: Resident care plan, staff interviews, and onsite observations.

This order must be complied with by November 7, 2025.

REVIEW/APPEAL 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

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

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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

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

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.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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