

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: September 25, 2025

Inspection Number: 2025-1145-0007

Inspection Type:

Proactive Compliance Inspection

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: Stoneridge Manor, Carleton Place

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 10-12, 15-18, and 22-25, 2025

The following intake(s) were inspected:

-Intake: #00157423 - Proactive Compliance Inspection (PCI).

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement

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Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure that when the Residents' Council had advised the licensee of concerns a written response was provided to the Residents' Council within 10 days of the licensee receiving the concern. Specifically, when concerns were brought forward by the Residents' Council on three different occasions in year 2025, no written response was provided.

Sources: Residents' Council meeting minutes and interview with Food and Nutrition manager.

WRITTEN NOTIFICATION: Skin and wound care

NC #002 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

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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 has failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds, is reassessed at least weekly. Specifically, weekly skin and wound reassessments were not completed for two residents for their multiple wounds during some weeks between June and September, 2025.

Sources: Review of the weekly reassessments, interviews with a Registered Practical Nurse and Skin and wound care Lead.

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (3)

Menu planning

s. 77 (3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that a written record is kept of the evaluation under clause (2) (b) that includes the date of the evaluation and the names of the persons who participated in the evaluation. Specifically, the menu cycle evaluation does not include the date of the evaluation and the name of the Nutrition Manager.

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Sources: Review of the menu cycle evaluation and interview with Registered Dietitian.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 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).

The licensee has failed to ensure that a standards issued by the Director with respect to infection prevention and control was followed.

In accordance with the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, issued April 2022 and revised September 2023, section 9.1 b) Additional Requirement under the standard: The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include: Hand hygiene, including, but not limited to, at the four moments of hand hygiene.

Specifically, on two occasions, staff on two units were observed not performing hand hygiene as required in the dining room.

Sources: Inspector's observation and interview with a Personal Support Worker.