

**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:** February 5, 2026

**Inspection Number:** 2026-1831-0001

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Axiom Extendicare LTC LP, by its general partners, Axiom Extendicare LTC GP Inc. and Extendicare LTC Managing GP Inc.

**Long Term Care Home and City:** Extendicare Crossing Bridge, Ottawa

## INSPECTION SUMMARY

This inspection occurred onsite on the following dates: January 22-23, 2026, January 26, 27, 29, 30, 2026, and February 2-5, 2026

The following intake was completed during this Proactive Compliance Inspection (PCI): Intake #00168582

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

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

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Quality Improvement  
Residents' Rights and Choices  
Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Residents' Bill of Rights

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 18.**

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:

18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

During an interview, a resident reported to an Inspector that on a specified date, while they were receiving a shower, the Personal Support Worker (PSW) that was assigned to supervise them was observed using their personal mobile device.

Source: Interview with the resident.

### WRITTEN NOTIFICATION: Doors in a home

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. iii.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

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1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
  - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
    - A. is connected to the resident-staff communication and response system, or
    - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

On a specified date an Inspector observed that a door in a specified Resident Home Area (RHA), which led to a non-secured outdoor area, was not equipped with an audible door alarm when opened. The Inspector also observed that the door was not connected to the resident-staff communication and response system, nor was it connected to an audio-visual enunciator linked to the nurses' station nearest to the door.

Sources: Inspector's observation.

## **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) (b) (iv)**

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,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

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On a specified date, skin injuries were identified on a resident. The initial assessments of these injuries were completed using an appropriate assessment tool. However, a review of the resident's clinical record showed no documentation to indicate that weekly assessments of the identified injuries were completed for four consecutive weeks.

Sources: Resident's electronic clinical record (Treatment Assessment Record, progress notes, skin and wound assessments and reassessments), interview with Skin and Wound Lead.

## **WRITTEN NOTIFICATION: Safe storage of drugs**

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

**Non-compliance with: O. Reg. 246/22, s. 138 (1) (a)**

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

- (a) drugs are stored in an area or a medication cart,
  - (i) that is used exclusively for drugs and drug-related supplies,
  - (ii) that is secure and locked,
  - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
  - (iv) that complies with manufacturer's instructions for the storage of the drugs; and

On a specified date, an Inspector observed medications in a resident's room that were not stored in a secured and locked area or medication cart.

Sources: Inspector's observation, interview with Director of Care, and a Registered Nurse.