

**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:** April 4, 2025

**Inspection Number:** 2025-1078-0004

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Extendicare (Canada) Inc.

**Long Term Care Home and City:** Extendicare Starwood, Nepean

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 24 - 28, 31, 2025 and April 1 - 4, 2025

The following intake(s) were inspected:

- Intake: #00143031 - PCI

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

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

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Pain Management

## 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. 6 (2)**

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that the care set out in the plan of care was based on the needs and preferences of that resident. Specifically, the plans of care for four specific residents did not include their preference not to have soup with their meals.

On March 28 the Director of Care (DOC) presented the inspector with updated copies of the plan of care for the four specific residents which contained the residents needs and preferences in regards to soup at meals.

Sources: inspector's observation, four residents health record, interviews with PSWs and the dietary aid.

Date Remedy Implemented: March 28, 2025

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## WRITTEN NOTIFICATION: Duty to respond

NC #002 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 as confirmed by the Administrator and the Resident Program Manager.

Sources: Residents' council meeting minutes from March 2025, interview with the Residents' Council Assistant, the Resident Council President, the Administrator and the Resident Program Manager.

## 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;

The Licensee has failed to ensure that a resident who was exhibiting a pressure

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wound was reassessed at least weekly by a member of the registered nursing staff. Specifically, the weekly wound assessment was missing for the resident between several weeks in December 2024, January 2025, February 2025, and March 2025.

Sources: A resident's health records, Skin and Wound Program: Wound care management (policy #RC-23-01-02), Interview with a RN, the WCN and the DOC.

## **WRITTEN NOTIFICATION: Menu planning**

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

**Non-compliance with: O. Reg. 246/22, s. 77 (1) (e)**

Menu planning

s. 77 (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,

(e) includes a choice of other available entrées and side dishes at all three meals and a choice of other desserts at lunch and dinner, to meet residents' specific needs or food preferences;

The licensee has failed to ensure that on a specific day in March 2025, the home's menu cycle included a choice of other available entrées and side dishes, at the lunch meal, to meet a resident's specific food preference when the resident refused both meal options and was not offered an alternative.

Sources: Interview with the resident, and a RN.

## **WRITTEN NOTIFICATION: Dining and snack service**

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

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.**

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Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

The licensee has failed to ensure that a resident was provided course by course service of the lunch meal on a specific day in March 2025 when they were observed with all meal items at their table at the start of the meal.

Source: Inspector's observation, interview with the RD and the resident.

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

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

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

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,

(ii) that is secure and locked,

The licensee has failed to ensure that the medication cart was locked. In March 2025, a medication cart was observed to be left unattended and unlocked in the hallway leading to the dining room on a specific unit.

Sources: Observation.

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

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Safe storage of drugs

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

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The Licensee has failed to ensure that a controlled substance was stored in a separate locked area within the locked medication cart. In March 2025, the inspector observed a narcotic medication for a specific resident in the resident's medication bin in the medication cart.

Sources: Observation, review of Management of Insulin, Narcotics and Controlled Drugs policy (#RC-16-01-13), interview with RPNs, a RN and the DOC.