

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: March 12, 2025

Inspection Number: 2025-1335-0001

Inspection Type:

Complaint
Critical Incident
Follow up

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: Fenelon Court, Fenelon Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 26-28, 2025 and March 3- 7, 10- 12, 2025.

The inspection occurred offsite on the following date(s): March 4, 10, 2025.

The following intake(s) were inspected:

Intake related to complaint regarding medication management, residents' bill of rights, housekeeping and complaints procedure

Intakes related to alleged neglect of resident

Intakes related to falls

Intake Follow-up #2- O. Reg. 246/22 - s. 102 (2) (b), Compliance Order #008 under Inspection 2024-1335-0002, RIF #500

Intake related to a complaint regarding alleged neglect of resident

Intake related to transfer to hospital

Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance:

Order #008 from Inspection #2024-1335-0002 related to O. Reg. 246/22, s. 102 (2) (b)

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

Housekeeping, Laundry and Maintenance Services

Infection Prevention and Control

Safe and Secure Home

Prevention of Abuse and Neglect

Reporting and Complaints

Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: When reassessment, revision is required

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure a resident's plan of care was revised when the care set out in the plan had not been effective.

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A Critical Incident was submitted to the Director regarding alleged neglect of a resident, specifically indicating the resident had not been provided specific care. Documentation identified the resident was dependent on staff for this care, and that staff were unable to provide the scheduled care due to a conflict with other tasks. The Director of Care confirmed the scheduled care was not effective, but remained in place to appease the resident's Substitute Decision Maker.

Sources: Clinical health records, Critical Incident Report (CIR); and an interview with the Director of Care.

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee failed to ensure that the home was kept clean. Food, dried fluids, and debris were observed on dining room floors within resident home areas prior to the breakfast meal service, on numerous dates during the inspection. The Environmental Services Manager (ESM) confirmed that floors in the dining rooms were to be kept clean.

Sources: Observations; and an interview with the ESM.

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee failed to ensure that the home was maintained in a safe condition. Designated fire exits on, Cameron and Sturgeon, resident home areas were observed obstructed with snow. The Environmental Services Manager and Regional Manager confirmed the fire exits were to be kept clear.

Sources: Observations; and interviews with the Environmental Services Manager and Regional Manager.

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (d)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

The licensee failed to ensure that a resident who was assessed as being continent some of the time received assistance and support from staff.

Documentation identified that the resident was assessed and required the assistance of staff for toileting and continence care. Documentation identified that

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a 'scheduled toileting program' had been developed. Documentation failed to identify that staff had consistently assisted the resident as indicated by the scheduled toileting times.

Sources: Clinical health records, CIR; and an interview with the Director of Care.

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The licensee failed to ensure that a resident was provided sufficient incontinence product changes to ensure they remained clean, dry and comfortable.

The resident was not provided assistance with continence product changes as instructed in the written plan of care. This was confirmed during review of the camera footage and interview with the DOC.

Sources: Internal investigation notes and 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) (c)

Dealing with complaints

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

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that includes,

(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;

The licensee failed to ensure there was a documented record kept in the long-term care home that included, the date of the action, time frames for actions to be taken and any follow-up action required to resolve the complaints brought forth by the resident's Substitute Decision Maker.

Sources: Complaint/Concerns 2024 binder; and an interview with the Director of Care.

WRITTEN NOTIFICATION: Complaints - reporting certain matters to Director

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

Non-compliance with: O. Reg. 246/22, s. 111 (1)

Complaints — reporting certain matters to Director

s. 111 (1) Every licensee of a long-term care home who receives a written complaint with respect to a matter that the licensee reports or reported to the Director under section 28 of the Act shall submit a copy of the complaint to the Director along with a written report documenting the response the licensee made to the complainant under subsection 108 (1).

The licensee failed to submit to the Director a copy of a complaint with a written report documenting the response made to the complainant.

The home received a written complaint for a resident with respect to abuse and neglect, the Executive Director (ED) confirmed that the home did not submit the complaint to the Director.

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Sources: Complaint email, Complaint binder and Interview with ED.

NOTICE OF RE-INSPECTION FEE Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Follow-up #2- O. Reg. 246/22 - s. 102 (2) (b), Compliance Order #008 under Inspection 2024-1335-0002, RIF #500

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

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

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