

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 19, 2025

Inspection Number: 2025-1330-0001

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: Longfields Manor, Nepean

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 4, 5, 6, 7, 10, 11, 12, 13, 14, 18, 19, 2025

The following intake(s) were inspected:

- Intake: #00138816 - Proactive Compliance Inspection

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

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

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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: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 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 those changes were implemented.

The licensee has failed to ensure that the written record related to the annual skin and wound care program evaluation contained the dates that the changes were implemented in the summary of changes.

In a review of the the home's Annual Skin and Wound 2023 Program Evaluation, there was no specific date of implementation for any of the areas of improvement identified in the summary of changes.

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During the course of the inspection the Director of Care provided the inspector with a revised copy of the home's Annual Skin and Wound 2023 Program Evaluation, which contained the dates the changes had been implemented.

Source: Annual Skin and Wound 2023 Program Evaluation, Revised Annual Skin and Wound 2023 Program Evaluation.

Date Remedy Implemented: February 12, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) 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 those changes were implemented.

The licensee has failed to ensure the written record of the annual staffing plan review conducted on May 3, 2024, included a summary of the changes made and the date that those changes were implemented.

Upon review of the written record of the annual staffing plan evaluation, inspector noted it did not include the date changes were implemented in 2023. It was also noted the review did not include a summary of changes made in 2024 or the date those changes were implemented.

This omission was brought to the Administrator's attention. During the course of the inspection the Administrator provided the inspector with an updated version of the annual staffing plan review which included the required information.

Sources: Longfields Manor Staffing Plan 2024, interview with the Administrator.

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Date Remedy Implemented: February 12, 2025

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, when two residents were exhibiting altered skin integrity, including pressure injuries or wounds, the pressure injury or wound was reassessed at least weekly by an authorized person.

Specifically, there were no weekly wound assessments conducted for the first resident's wound on specific dates in a four month period. In addition, there were no weekly assessments for several of the second resident's wounds on multiple dates during the same four month period as confirmed by a Registered Nurse.

Source: Resident health records, interview with a Registered Nurse and the wound care lead.

WRITTEN NOTIFICATION: Pain Management

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

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's

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pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose on multiple dates/times in a two month period. A registered staff member and the Assistant Director of Care confirmed a pain assessment should have been conducted.

Source: Resident health records, interviews with a Registered Practical Nurse and the Assistant Director of Care.

WRITTEN NOTIFICATION: Orientation

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

Non-compliance with: O. Reg. 246/22, s. 259 (2) (d)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(d) respiratory etiquette;

The licensee has failed to ensure that the orientation training for a Personal Support Worker (PSW) in infection prevention and control included training on respiratory etiquette.

Source: 2023 General Orientation checklist and Home specific Orientation Checklist for the PSW, Orientation Power Point slides, interview with the IPAC Lead and Educator.