

**Ministry of Long-Term Care**

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

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

**Public Report**

<b>Report Issue Date:</b> February 14, 2025
<b>Inspection Number:</b> 2025-1347-0001
<b>Inspection Type:</b> Proactive Compliance Inspection
<b>Licensee:</b> Axium Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axium Extendicare LTC II GP Inc.
<b>Long Term Care Home and City:</b> Northridge, Oakville

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date (s): February 5, 6, 7, 10, 11, 12, 2025</p> <p>The inspection occurred offsite on the following date (s): February 13, 2025</p> <p>The following intake (s) were inspected:</p> <ul style="list-style-type: none"> <li>Intake: #00138551 - Proactive Compliance Inspection (PCI)</li> </ul>
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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

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Staffing, Training and Care Standards  
Residents' Rights and Choices  
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 a written record was kept of the home's pain management program evaluation, including a summary of the changes that were made and the date that those changes were implemented.

The home updated their evaluation document on a specified date to reflect the dates when the changes were made.

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**Sources:** The home's Annual Pain Management Evaluation.

Date Remedy Implemented: February 10, 2025

**WRITTEN NOTIFICATION: Plan of care**

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

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of care set out in the plan of care for a resident was documented on the different shifts as required.

**Sources:** A resident's clinical records and staff interviews.

**WRITTEN NOTIFICATION: Doors in a home**

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

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

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that a door leading to a utility room was kept closed and locked when it was not being supervised by staff; and failed to ensure that "Care Cart" rooms in two home areas were equipped with locks to restrict unsupervised access to the areas by residents.

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**Sources:** Observation.

### **WRITTEN NOTIFICATION: Communication and response system**

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

**Non-compliance with: O. Reg. 246/22, s. 20 (a)**

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The licensee has failed to ensure that a room in one of the home areas had a call bell in the washroom that could be easily accessed by residents. The call bell was observed to be too short and was not accessible from the toilet.

**Sources:** Observation and staff interview.

### **WRITTEN NOTIFICATION: Skin and wound care**

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

**Non-compliance with: O. Reg. 246/22, s. 55 (1) 2.**

Skin and wound care

s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:  
2. Strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents.

The licensee has failed to ensure that their skin and wound care program provided strategies, including monitoring for impaired skin integrity. Their skin and wound care policy did not include monitoring as an intervention strategy.

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**Sources:** Skin and Wound Care Program policy, a resident's clinical records.

**WRITTEN NOTIFICATION: Skin and wound care**

NC #006 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 had their altered areas of skin integrity assessed weekly by a member of the registered nursing staff as expected.

**Sources:** A resident's clinical records, and staff interview.

**WRITTEN NOTIFICATION: Skin and wound care**

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

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (d)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,  
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated.

The licensee has failed to ensure that a resident was turned and repositioned every two hours to maintain their skin integrity as required.

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**Sources:** The resident's clinical records, and staff interview.