

**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

**Report Issue Date:** June 25, 2025

**Inspection Number:** 2025-1355-0003

**Inspection Type:**

Complaint  
Critical Incident

**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:** West Oak Village, Oakville

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 9 to 13, 24 & 25, 2025.

The following intake(s) were inspected:

- Intake: #00145590 - critical incident (CI) related to resident care and support services.
- Intake: #00146255 - complaint related to resident care and support services.
- Intake: #00147555 - CI related to infection prevention and control.

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

Resident Care and Support Services  
Infection Prevention and Control

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Documentation

NC #001 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 was documented.

A resident had orders in place for an intervention. There were several dates where the intervention was not documented.

Sources: Resident's clinical records, staff interviews.

## WRITTEN NOTIFICATION: Housekeeping

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

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

- (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee has failed to ensure that the procedures as part of the organized

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program of housekeeping were implemented, related to cleaning and disinfection of resident care equipment such as resident lifts.

During an observation, a staff member was observed removing a resident lift from one room and bringing it to another room without disinfecting it between resident use.

**Sources:** Observation, staff interview, Arjo Maxi Lift Instructions for Use Manual, Extendicare Cleaning and Disinfection Policy IPC8-P10 (last modified May 30, 2025), PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections | January 2018 (publichealthontario.ca).

## **WRITTEN NOTIFICATION: Infection Prevention and Control Program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes revised September 2023, indicated under section 9.1 that Additional Precautions were to be followed in the IPAC program which included (b) hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident

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environment contact).

A. A staff member was observed exiting a resident's room after providing care and did not perform hand hygiene before moving on to the next task.

B. A staff member was observed preparing medications, entering two resident rooms to administer medications and entering the dining room to administer medications all without performing hand hygiene.

**Sources:** Staff observations, Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (revised September 2023), Hand Hygiene Policy IPC2-P10.06 (last modified May 30, 2025).

## **WRITTEN NOTIFICATION: Infection Prevention and Control**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that on every shift, symptoms indicating the presence of infection in residents were monitored.

Residents were line listed during a respiratory outbreak and surveillance was not completed every shift as required.

**Sources:** Resident's clinical records, Outbreak line list, Infection Prevention and

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Control (IPAC) Standard for Long-Term Care Homes (revised September 2023), staff interviews.