

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

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor London, ON, N6A 5R2 Telephone: (800) 663-3775

Public Report

Report Issue Date: April 3, 2025

Inspection Number: 2025-1447-0004

Inspection Type:Critical Incident

Licensee: Axium Extendicare LTC II LP, by its general partners Extendicare LTC

Managing II GP Inc. and Axium Extendicare LTC II GP Inc.

Long Term Care Home and City: McGarrell Place, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 1, 2, 3, 2025

The following Critical Incident(CI) intake(s) were inspected:

- An intake related to the fall of a resident.
- An intake related to a medical event of a resident.

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

Resident Care and Support Services Infection Prevention and Control Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care



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

Ministry of Long-Term Care

Long-Term Care Operations Division Long-Term Care Inspections Branch **London District**

130 Dufferin Avenue, 4th Floor London, ON, N6A 5R2 Telephone: (800) 663-3775

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that a resident's blood glucose management plan was followed as specified in their care plan. According to the care plan, the home is required to use an established clinical tool at specified intervals when the resident's blood glucose reaches certain levels.

A review of the resident's clinical records indicated there was no documented evidence that the home utilized the established clinical tool when the resident's blood glucose levels reached the specified thresholds. The Director of Care (DOC) confirmed that the home does not have any documentation to show that these blood glucose tests were performed at the intervals specified in the clinical tool.

Sources: Review of a resident's clinical records and interviews.