

**Ministry of Long-Term Care**

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

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**Public Report**

**Report Issue Date:** March 6, 2025

**Inspection Number:** 2025-1668-0002

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** Axium Extendicare LTC LP, by its general partners, Axium Extendicare LTC GP Inc. and Extendicare LTC Managing GP Inc.

**Long Term Care Home and City:** Extendicare Countryside, Sudbury

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): February 24-28, 2025

The following intake(s) were inspected:

Two intakes-related to disease outbreaks;

Three intakes-related to follow up to compliance order (CO) #003, for FLTCA, 2021, s. 25 (1) Policy to promote zero tolerance of abuse and neglect, CO #001 for O. Reg 246/22, s. 55 (2) (b) skin and wound care, and, CO #002 for O. Reg 246/22, s. 57 (2) pain management;

Two intakes-related to complaints regarding resident care concerns; and,

One intake-related to Improper/incompetent care of a resident

**Previously Issued Compliance Order(s)**

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

Order #003 from Inspection #2024-1668-0004 related to FLTCA, 2021, s. 25 (1)

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Order #001 from Inspection #2024-1668-0004 related to O. Reg. 246/22, s. 55 (2) (b)  
Order #002 from Inspection #2024-1668-0004 related to O. Reg. 246/22, s. 57 (2)

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

- Skin and Wound Prevention and Management
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Palliative Care
- Pain Management
- Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of Care

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

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

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident;

The licensee has failed to ensure that a resident's written plan of care set out the planned care related to a specified treatment.

A resident required a specified treatment as part of their planned care. The resident's care plan, Point of Care (POC) documentation tasks, and the electronic medication record (eMar) did not contain any information related to the required treatment.

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**Sources:** A resident's health records; and interviews with a Registered Nurse (RN), and Assistant Director of Care (ADOC).

### **WRITTEN NOTIFICATION: Plan of Care**

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

**Non-compliance with: FLTCA, 2021, s. 6 (4) (b)**

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,  
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that staff and others involved in different aspects of a resident's care, collaborated with each other related to the administration of a treatment.

A resident was experiencing identified symptoms, and the Physician ordered a specified treatment to be provided right away. Documentation indicated that the treatment could not be provided, and there was no evidence that staff contacted and collaborated with the Physician.

**Sources:** A resident's Physician orders, and eMar; interviews with an RN, and ADOC.

### **WRITTEN NOTIFICATION: Plan of Care**

NC #003 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

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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 has failed to ensure that a resident's plan of care was reviewed and  
revised when the resident's care needs changed.

A resident experienced a change in condition, and the Physician ordered a specified  
type of care. There were no revisions to the care plan to reflect the change in the  
resident's status and assistance requirements.

**Sources:** A resident's Physician's orders and care plan; interviews with an RN, and  
ADOC.

## **WRITTEN NOTIFICATION: Falls Prevention and Management**

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

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum,  
provide for strategies to reduce or mitigate falls, including the monitoring of  
residents, the review of residents' drug regimes, the implementation of restorative  
care approaches and the use of equipment, supplies, devices and assistive aids. O.  
Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that the home's falls prevention and management  
program which provided for strategies to reduce or mitigate falls was followed for a  
resident.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee was required to ensure  
the home had a falls prevention and management program in place to reduce the

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incidents of falls and the risk of injury and that it was complied with. Specifically, staff did not comply with the home's policy to implement fall prevention interventions.

A resident had no new interventions implemented after a recent fall to prevent further falls or injuries from falls.

**Sources:** A resident's care plan; investigation notes; and interviews with an RN, and ADOC.

## WRITTEN NOTIFICATION: Falls Prevention and Management

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

**Non-compliance with: O. Reg. 246/22, s. 54 (2)**

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that when a resident had fallen, the resident was assessed, and a post fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

A resident sustained a fall, and no post fall assessment was completed after the fall.

**Sources:** A resident's progress notes and assessments; interviews with an RN and ADOC.

## WRITTEN NOTIFICATION: Required Programs

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NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

The licensee failed to comply with the home's pain management program, when a resident's pain assessment had not been completed.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies developed for pain management program were complied with.

Specifically, the home's pain identification and management policy indicated residents were to have a comprehensive pain assessment; as per the ADOC, the pain assessment did not occur in an acceptable time frame for the resident.

**Sources:** A resident's progress notes, pain assessments, home's pain identification and management policy, and an interview with the ADOC.

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