

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: April 4, 2025

Inspection Number: 2025-1668-0003

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): March 24-28, 2025.

The following intake(s) were inspected:

- One intake related to alleged improper/incompetent care of residents by staff;
- Follow-up #: 1 - CO #002/2025-1668-0001, O. Reg. 246/22 - s. 54 (1), Falls prevention and management, CDD: March 17, 2025;
- Follow-up #: 2 - CO #003/2024-1668-0002, O. Reg. 246/22 - s. 147 (1) (a), Medication incidents and adverse drug reactions;
- Follow-up #: 1 - CO #001/2025-1668-0001, FLTCA, 2021 - s. 6 (4) (b), Integration of assessments, care, CDD: March 17, 2025;
- Follow-up #: 1 - CO #004/2025-1668-0001, O. Reg. 246/22 - s. 56 (2) (b), Continence care and bowel management, CDD: March 17, 2025;
- Follow-up #: 1 - CO #003/2025-1668-0001, O. Reg. 246/22 - s. 55 (2) (b) (ii), Skin and wound care, CDD: March 17, 2025;
- Follow-up #: 1 - CO #005/2025-1668-0001, O. Reg. 246/22 - s. 74 (2) (a), Nutritional care and hydration programs, CDD: March 17, 2025;

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- One intake related to management of responsive behaviours, plan of care, and operations of LTCH.

Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2025-1668-0001 related to O. Reg. 246/22, s. 54 (1).

Order #003 from Inspection #2024-1668-0002 related to O. Reg. 246/22, s. 147 (1) (a).

Order #001 from Inspection #2025-1668-0001 related to FLTCA, 2021, s. 6 (4) (b).

Order #004 from Inspection #2025-1668-0001 related to O. Reg. 246/22, s. 56 (2) (b).

Order #003 from Inspection #2025-1668-0001 related to O. Reg. 246/22, s. 55 (2) (b) (ii).

Order #005 from Inspection #2025-1668-0001 related to O. Reg. 246/22, s. 74 (2) (a).

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

Contenance Care
Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Residents' Rights and Choices
Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Right to Quality of Life and Self Determination

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

19. Every resident has the right to,

iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

The licensee has failed to ensure that an identified resident's personal health information (PHI) was kept confidential, when a staff member provided the residents PHI to another resident's substitute decision maker (SDM) in error.

Sources: Interviews with staff and the SDM; record review of progress notes for the resident.

WRITTEN NOTIFICATION: Plan of Care

NC #002 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 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.

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The licensee has failed to ensure that a specific resident was reassessed and the plan of care be revised with the resident's care needs changed.

The resident was not provided the care they required. Staff members acknowledged that the resident's care plan did not reflect the current needs of the resident.

Sources: Interviews with staff; record review of the resident's plan of care, assessments, and Critical Incident (CI) report.

WRITTEN NOTIFICATION: Nursing and Personal Support Services

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

Non-compliance with: O. Reg. 246/22, s. 38 (1) (a)

Oral care

s. 38 (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes, (a) mouth care in the morning and evening, including the cleaning of dentures.

The licensee has failed to ensure that a resident received oral care on a specific date. Their plan of care indicated that they required the care to be done.

Sources: Interviews with staff; record review of the resident's care plan, and CI report.

WRITTEN NOTIFICATION: Nursing and Personal Support Services

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

Non-compliance with: O. Reg. 246/22, s. 44

Dress

s. 44. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with the resident's preferences, in their own clean clothing and in appropriate clean footwear.

The licensee has failed to ensure that a resident was provided with assistance getting dressed as required. On a specific date, the resident was not provided with the care they required.

Sources: Interviews with staff; record review of the resident's plan of care, and CI report.

WRITTEN NOTIFICATION: Report re Critical Incidents

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

Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.

The licensee has failed to ensure that the Director was notified when a resident had a fall that resulted in a significant change to the resident's health status.

Sources: interviews with staff; record review of post fall assessment.

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NOTICE OF RE-INSPECTION FEE Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

This was the second follow-up to CO #003 from inspection 2024_1668_0002, that was inspected in intake 00139344.

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

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