

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: January 30, 2026

Inspection Number: 2026-1078-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Starwood, Nepean

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 13, 14, 15, 16, 19, 21, 22, 23, 26, 27, 29, and 30, 2026

The inspection occurred offsite on the following date(s): January 15, 2026

The following intake(s) were inspected:

- Intake: #00167587 - PCI

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

- Food, Nutrition and Hydration
- Medication Management
- Safe and Secure Home
- Quality Improvement
- Pain Management
- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents' and Family Councils

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Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee did not maintain the air temperature at a minimum of 22 degrees Celsius. Specifically, on a date in the month of January, 2026, the air temperature was recorded to be 18 degrees Celsius in an identified dining room.

Sources: record review of air temperature logs, HVAC service record reports, interviews with Support Services Manager, and the Administrator.

WRITTEN NOTIFICATION: Skin and wound care

NC #002 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

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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;

An identified resident's wound was not reassessed at least weekly in accordance with the licensee's policy between a date in the month of November and December, 2025. One weekly reassessment was missed in the month of January, 2026.

Sources: a specific resident's health care records, including progress notes, medication administration record, treatment administration record, and relevant assessments; the licensee's policy titled *Skin Assessment and Wound Guidelines* (CARE6-P10.01), and interviews with staff.

WRITTEN NOTIFICATION: Menu Planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (2) (a)

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle,
(a) is reviewed by the Residents' Council for the home;

The home did not review the Spring/Summer menu with the Residents' Council to seek their input, prior to rolling out the new menu in the month of June 2025.

Sources: review of Residents' Council and Food Committee meeting minutes, and interviews conducted with an identified resident and the Dietary Manager.

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WRITTEN NOTIFICATION: Maintenance services

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

Non-compliance with: O. Reg. 246/22, s. 96 (2) (b)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

The licensee did not ensure that resident equipment was maintained in a good state of repair. Specifically, on a date in the month of January, 2026, an assistive device was observed to be in a poor state of condition with chipped enamel.

Sources: Observation, and interviews with Administrator, and Support Services Manager.