Ontario

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

Hamilton District
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Public Report

Report Issue Date: September 12, 2025
Inspection Number: 2025-1347-0005
Inspection Type: Complaint
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: Northridge, Oakville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 5, 8-12, 2025.

The following intake(s) were inspected:
-Intake: #00155447 was related to a complaint with concerns related to resident care and support services, infection prevention and control, medication management, and reporting and complaints.

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

Resident Care and Support Services
Medication Management
Infection Prevention and Control
Reporting and Complaints

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 (12)
Plan of care
s. 6 (12) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-

maker are given an explanation of the plan of care.

(a) The licensee has failed to ensure that the resident's substitute decision-maker (SDM) was given an explanation of the plan of care when a resident's test results were not shared with the resident's SDM until they contacted the home.

Sources: Resident's records and interview with staff.

(b) The licensee has failed to ensure that the resident's substitute decision-maker was given an explanation of the plan of care when the resident's SDM was again not notified of the resident's test results until they requested this information.

Sources: Resident's records and interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC # 002 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).

(a) The licensee has failed to ensure the implementation of any standard or protocol issued by the Director with respect to infection prevention and control.

In accordance with the Infection Prevention and Control (IPAC) Standard (revised September 2023), Additional Precautions requirement 9.1 (f), the licensee failed to ensure that, at minimum additional Personal Protective Equipment (PPE) requirements including appropriate selection and application are followed in the IPAC program.

On a specific day, two staff were observed providing direct care to a resident on additional precautions without the use of required PPE.

Sources: Observation, resident's clinical records, and interview with staff.

(b) The licensee has failed to implement the standard or protocol issued by the Director with respect to infection prevention and control.

The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, revised September 2023, section 9.1 (b), indicates that the licensee shall ensure that Routine Practices are followed in the IPAC program, including 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 environment contact).

On a given day, a staff assisting a resident before meal time failed to perform hand hygiene after resident contact prior to assisting another resident.

Sources: Observation, home's hand hygiene policy, and interview with staff.