

**Ministry of Long-Term Care**

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

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

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

**Public Report**

**Report Issue Date:** December 19, 2025

**Inspection Number:** 2025-1347-0007

**Inspection Type:**

Complaint  
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:** Northridge, Oakville

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): December 9, 11, 12, 15, 16, 18 & 19, 2025.

The inspection occurred offsite on the following date(s): December 10, 2025.

The following intake(s) were inspected:

- Intake: #00161163 - CIS #2862-000039-25 - Related to falls prevention and management.
- Intake: #00162628 - Complaint related to Resident care and support services, Medication management and accommodation services and Personal care.

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

Resident Care and Support Services  
Falls Prevention and Management

**INSPECTION RESULTS****WRITTEN NOTIFICATION: Falls prevention and management**

NC #001 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

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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).

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

Specifically, the home's Falls prevention and Injury Reduction policy stated The Integrated Fall Risk Assessment will be reviewed and/or completed to identify changes in fall-risk level with a significant change in status that may impact fall-risk factors (i.e., multiple falls, changes in mobility status was not updated).

**Sources:** Review of the CI#2862-000039-25 , resident's health records, home's Falls prevention and Injury Reduction policy and interview Director Of Care.

**WRITTEN NOTIFICATION: When reassessment, revision is  
required**

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; or

On an identified date, the resident's care needs for transfer changed from two person side by side assistance to mechanical lift. The resident was re-assed by physiotherapist (PT), however the transfer status remained the same. The nursing staff consistently used the mechanical lift for the resident however there was no new PT referral was initiated for re-assessment and subsequently, their plan of care was not revised.

**Sources:** Review of the CI#2862-000039-25 , resident's health records, home's Safe Resident Handling policy , interviews with staff.

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**WRITTEN NOTIFICATION: Staff and others to be kept aware**

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

**Non-compliance with: FLTCA, 2021, s. 6 (8)****Plan of care**

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The Director of Care (DOC) confirmed that Personal Support Workers (PSWs) who provided direct care to the resident were kept informed of the resident's plan of care, including that:

-The resident's wishes and their family's wishes related to specific interventions were not informed to the frontline staff.

**Sources:** Staff interviews, resident's clinical records.

**WRITTEN NOTIFICATION: Weight changes**

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

**Non-compliance with: O. Reg. 246/22, s. 75 1.****Weight changes**

s. 75. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

1. A change of 5 per cent of body weight, or more, over one month.

The resident was not assessed using an interdisciplinary approach when a body weight gain was identified during the specified time period. The home's physician and pharmacist were not involved in assessing or addressing the weight gain, as confirmed by the Director of Care (DOC).

**Sources:** Resident's clinical records, interviews with staff.

**WRITTEN NOTIFICATION: Food production**

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

**Non-compliance with: O. Reg. 246/22, s. 78 (2) (d)**

Food production

s. 78 (2) The food production system must, at a minimum, provide for,  
(d) preparation of all menu items according to the planned menu;

The food production system did not provide the food item in accordance with the planned menu. Regular food item was served to the resident instead of the prescribed diet version, despite the food item being labeled as the diet version.

**Sources:** Interview with Food Services Manager and DOC.