

Ministry of Long-Term Care

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

Hamilton District

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

Public Report

Report Issue Date: February 17, 2026

Inspection Number: 2026-1355-0001

Inspection Type:

Critical Incident

Licensee: Axiom Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axiom Extendicare LTC II GP Inc.

Long Term Care Home and City: West Oak Village, Oakville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 4, 5, 6, 9, 10, 11, 12, 13, 17, 2026.

The following intake(s) were inspected:

-Intake: #00161088 - Critical Incident (CI) #2870-000074-25/2870-000076-25 - related to prevention of abuse and neglect.

-Intake: #00161364 - CI #2870-000078-25 - related to infection prevention and control (IPAC).

-Intake: #00165320 - CI #2870-000085-25 - related to resident care and support services.

-Intake: #00166002 - CI #2870-000088-25 - related to IPAC.

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

Resident Care and Support Services
Infection Prevention and Control

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Prevention of Abuse and Neglect
Responsive Behaviours

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 (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;

(a) A resident had a known history of a responsive behaviour towards another resident. An intervention was implemented to manage this behaviour; however, the plan of care was not revised to reflect the change in care needs.

Sources: Record review of resident's records; interviews with staff.

(b) A resident had a known history of an identified behaviour and their plan of care was not revised when their care needs changed related to responsive behaviours and new interventions were implemented.

Sources: Record review of resident's records; interviews with staff.

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

Section 2 of the Ontario Regulation 246/22, defines physical abuse as "the use of physical force by a resident that causes physical injury to another resident".

A resident had a known history of responsive behaviour. On an identified date there was an incident between this resident and another resident. As a result one of the residents sustained an injury and was sent to the hospital for treatment.

Sources: Review of critical incident (CI) report, resident's records; interviews with staff.

WRITTEN NOTIFICATION: Compliance with manufacturers' instructions

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

Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

A sit to stand lift was not used in accordance with manufacturer's instructions when in use for a resident's transfer.

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Sources: A review of resident's records, the home's investigation notes, sit to stand lift manufacturer's instructions, camera footage; and interviews with staff.

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (ii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

The home had procedures in place for cleaning common areas and walls; however, they were not implemented as several areas were observed unclean during inspection. During initial tour of the home and throughout the inspection, walls were observed unclean, specifically near the dining rooms and around the sanitizer dispensers.

Sources: Observations of the home areas; review of the home's policies and procedures "Cleaning Frequency" (May 2025); interview with staff.

WRITTEN NOTIFICATION: Evaluation

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

Non-compliance with: O. Reg. 246/22, s. 106 (a)

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Evaluation

s. 106. Every licensee of a long-term care home shall ensure,

(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;

An incident of physical abuse occurred which resulted in a resident attaining injuries. However, no analysis was conducted after this incident as required.

Sources: Review of CI report, record review of email communication; and interview with staff.

COMPLIANCE ORDER CO #001 Housekeeping

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

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1. Ensure that all housekeeping staff are re-trained on the housekeeping policy, specifically related to the frequency of cleaning and disinfecting high touch areas, including in residents' rooms. A record shall be kept of the training, including names of participants, dates and who provided the training
2. Complete an audit for a period of one week, at least one a day, to ensure high touch surfaces are cleaned and disinfected at the appropriate frequency in accordance with the home's housekeeping policy. Records of the audit shall be kept for review.

Grounds

O. Reg. 246/22, s. 11 (1) (b) states that licensee is required to ensure that procedures are developed and implemented for the housekeeping program, specifically the cleaning and disinfection of contact surfaces.

Observations of residents' rooms being cleaned identified that high touch areas were not cleaned and disinfected at least once a day. The sanitizer dispensers in the hallways were also not being disinfected at least daily. This was confirmed by housekeeping staff. When contact surfaces were not cleaned and disinfected at least daily, this may have increased the risk for transmission of infections.

Sources: Observations of home areas being cleaned; review of home's housekeeping program - High Touch Point Area Checklist; interviews with staff.

This order must be complied with by March 17, 2026

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
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e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.