

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: August 14, 2025

Inspection Number: 2025-1668-0006

Inspection Type:

Complaint

Critical Incident

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): August 11th to 14th, 2025.

The following intake(s) were inspected:

- ▢ One intake: Related to the neglect of a resident by staff.
- ▢ One intake: Related to the improper/incompetent care of a resident.
- ▢ One intake: Related to the neglect of residents by staff.
- ▢ One intake: Related to the improper/incompetent care of a resident.
- ▢ One complaint intake: Related to the care and support services of a resident.
- ▢ One intake: Related to the neglect of a resident by staff.
- ▢ One intake: Related to the neglect of a resident by staff.
- ▢ One complaint intake: Related to the fall of a resident.

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

Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Dress

NC #001 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 dressed appropriately and in keeping with their individual preferences, when outside of their room.

Sources: Resident's electronic medical record; and interview staff.

WRITTEN NOTIFICATION: Falls prevention and management

NC #002 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 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).

The licensee failed to ensure that when a resident fell, that a head injury routine was initiated and a post fall huddle was conducted as per the homes Falls Prevention and Management Program.

Pursuant to Ontario Regulation 246/22 section s. 11. (1) (b) the licensee is required to ensure that where the Act requires the licensee of a long-term care home to have, institute or otherwise put in place any program, the licensee is required to ensure that the program is complied with.

The Registered Nurse (RN) and Registered Practical Nurse (RPN) failed to initiate a head injury routine for a resident, and failed to complete a post fall huddle as outlined in the homes policy titled, "RC-15-01-01 - Falls Prevention and Management Program"

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last revised June 2025.

Sources: Resident's electronic medical record, the homes policy titled, "RC-15-01-01 - Falls Prevention and Management Program" last revised June 2025; and interviews with staff.

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to ensure that meal time interventions for a resident was provided as per the home's Meal Service and Dining Experience policy.

Pursuant to Ontario Regulation 246/22 section s. 11. (1) (b) the licensee is required to ensure that where the Act requires the licensee of a long-term care home to have, institute or otherwise put in place any program, the licensee is required to ensure that the program is complied with.

A Personal Support Worker (PSW) was witnessed providing assistance to a resident with feeding, that was inconsistent with the home's policy titled, "NC-03-01-01 Meal Service and Dining Experience".

Sources: The resident's electronic medical record; the home's internal investigation notes; the home's policy titled, "NC-03-01-01 Meal Service and Dining Experience, reviewed June 2025; and interviews with staff.

WRITTEN NOTIFICATION: Symptom Monitoring

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that signs and symptoms of infection were monitored every shift for a resident who was receiving treatment for an infection.

Sources: Resident's progress notes; licensee policy; and, interviews with staff.



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

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