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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: March 4, 2026
Inspection Number: 2026-1668-0002
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): February 23- 27, and March 2-4, 2026, and offsite on the following date(s): March 4, 2026.

The following intake(s) were inspected:
One intake related to alleged physical abuse to a resident by a staff member;
Two intakes related to alleged neglect of a resident by staff; and,
Three complaint intakes related to care concerns.

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

Continence Care
Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Prevention of Abuse and Neglect
Falls Prevention and Management
Restraints/Personal Assistance Services Devices (PASD) Management

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 (1) (a)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;

A resident's care plan and plan of care found no mention of their preferred method of bathing.

Sources: The home's policy titled "Bathing Guidelines", a resident's care plan, Kardex and Bathing List, interviews with two PSWs and an ADOC.

WRITTEN NOTIFICATION: Protection from restraining and confining

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 34 (1) 5.
Protection from certain restraining
s. 34 (1) Every licensee of a long-term care home shall ensure that no resident of the home is:
5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than under the common law duty referred to in section 39.

A resident was prevented from leaving their room when a physical barrier was placed in the doorway.

Sources: A resident's electronic health files; internal investigation notes; and, an interview with an ADOC.

WRITTEN NOTIFICATION: Fall Prevention and Management

NC #003 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 was required to ensure the home had in place a falls prevention and management program to reduce the incidents of falls and the risk of injury and ensure that it was complied with.

a) A resident sustained a fall after the interventions in their care plan were not implemented.

Sources: a post fall assessment, Interdisciplinary Resident Care Conference (IDRCC) notes, interview with a resident's substitute decision maker (SDM) and Fall Co-Lead/Restorative Care Lead.

b) A resident sustained a fall while attempting to completed activities of daily living independently ; the post fall assessment was not completed in its entirety, in order to address and mitigate a resident's fall risk.

Sources: Post Fall assessment and interview with Regional Manager. [627]

WRITTEN NOTIFICATION: Skin and wound care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
Skin and wound care
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,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

A resident had a reoccurrence of an area of altered skin integrity for which an RN did not complete an initial skin assessment.

Sources: a resident's health care records, the home's policy titled "Skin Assessment and Wound Guidelines", interview with the Skin and Wound Lead.

WRITTEN NOTIFICATION: Administration of Drugs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

A resident was not provided with a scheduled morning medication, when the home did not have the medication available.

Sources: Interview with a resident's substitute decision maker and Medi- System Pharmacist. Record review of medication incident report and the resident's medication administration record.

COMPLIANCE ORDER CO #001 Plan of care

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

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

a) Conduct a review a resident's plan of care and electronic documentation systems to ensure that personal support workers and registered staff accurately and consistently document the actual care provided or not provided to the resident. Continue the review and take immediate corrective action until no further concerns with the resident's health care records are identified.

b) Provide retraining to specific staff members on the home's documentation standards.

c) Develop and implement an auditing process to ensure that resident care is documented accurately and consistently.

d) Educate the staff on the home's newly developed process.

e) Maintain a record of everything required under sections (a) through (d).

Grounds

a) An RPN documented that they administered a medication to a resident, which did not happen.

Sources: A resident's health care records, the CNO "Documentation Practice Standard,", email correspondence from Pharmacist, interviews with an ADOC and the Administrator.

b) A PSW documented that they provided extensive assistance and bathed a resident, which did not occur.

Sources: a resident's health care records and plan of care, the home's policy titled "Extendicare National Guide to Personal Care Staff (PSW/HCA) Documentation: Streamlined Documentation Using PointClickCare -Point of Care (POC) For Staff, Home Leaders, Regional Team, Inspectors, and Health Authority Auditors", interviews with a PSW and ADOC.

c) An RPN twice documented that they ensured a resident was assisted with a specific activity of daily living, which did not occur.

Sources: a resident's health care records, email correspondence from Pharmacist , CNO Documentation Practice Standard, interviews with a Pharmacist, an ADOC and the Administrator.

d) A resident's SDM refused an afternoon bath, which the PSW did not document anywhere in the resident's health care records.

Sources: A resident's health care records, the home's policy titled "Extendicare National Guide to Personal Care Staff (PSW/HCA) Documentation: Streamlined Documentation Using PointClickCare -Point of Care (POC) For Staff, Home Leaders, Regional Team, Inspectors, and Health Authority Auditors", interviews with a PSW and an ADOC.

e) An RN documented that a resident refused all dayshift medications and treatments, though the resident had been in the hospital at that time.

Sources: A resident's health care records, the CNO Documentation Practice Standard, interviews with an RN and ADOC.

f) A resident's SDM refused the recommendation to trial a new product for a resident, which they did not document.

Sources: a resident's health care records, the CNO Documentation Practice Standard , interview with a Program Lead.

This order must be complied with by April 17, 2026

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
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:

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
Toronto, ON, M7A 1N3
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.