

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 31, 2026

Inspection Number: 2026-1668-0003

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): March 23-27, 2026.

The following intake(s) were inspected:

- Intake, related to an allegation of resident abuse;
- Two intakes, related to an allegation of Improper/incompetent care of a resident;
- Two intakes, related to an allegation of resident neglect;
- Intake, related to an incident of resident-to-resident responsive behaviours, and;
- Intake, regarding a complaint submitted regarding concerns of a resident's wound care;

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Integration of assessments, care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

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s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

Staff did not collaborate on the care of a resident, which resulted in a delayed medical intervention.

Sources: Critical Incident (CI) report; review of a resident's health care records; and interviews with registered staff and the Director of Care (DOC).

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Direct care staff did not provide care to a resident, as was identified in the resident's plan of care.

Sources: A resident's electronic medical records; care plan; an interview with the Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Transferring and positioning techniques

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

A resident was repositioned in a manner that was different than what was identified in the resident's plan of care.

Sources: Home's documents; and an interview with a resident, and staff.

WRITTEN NOTIFICATION: Skin and wound care

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

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Non-compliance with: O. Reg. 246/22, s. 55 (2) (d)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated; and

A resident had altered skin integrity, requiring assistance from staff for repositioning; the resident identified that staff have not been providing repositioning consistently.

Sources: Inspector's observations; a resident's health care records; and interviews with a resident, direct care and registered staff, Skin and Wound Care Lead, and the DOC.

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

A resident required assistance from staff for their toileting needs; but the resident did not always receive the assistance required.

Sources: A resident's health care records; and interviews with a resident, direct care and registered staff, Skin and Wound Care Lead, and the DOC.

WRITTEN NOTIFICATION: Menu planning

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (4) (a)

Menu planning

s. 77 (4) The licensee shall ensure that each resident is offered a minimum of,
(a) three meals daily;

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A resident required assistance from staff for their eating needs; the resident identified that they had not been offered meal on specified occasions.

Sources: Inspector's observations; a review of resident's health care records; and interviews with a resident, direct care and registered staff, Skin and Wound Lead, and the DOC.



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

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