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: February 7, 2025
Inspection Number: 2025-1668-0001
Inspection Type: Complaint Critical Incident Follow up
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): January 20-24, and 27-29, 2025.

The following intake(s) were inspected:

- Four intakes, related to Critical Incidents (CIs) for allegations of neglect/improper care of residents.
- Three intakes, related to Follow Up for compliance order (CO) #001, for s. 24 (1), duty to protect, CO #002, for s. 140 (2), administration of medications, and CO #003, for s. 147 (1) (a), medication incidents;
- Three Intakes, related to complaints submitted to the Director for allegations of improper care of residents;
- Three intakes, related to a complaints submitted to the Director related to allegations of neglect of a resident;
- Three intakes, regarding complaints submitted to the Director related to concerns with residents sustaining falls with injury;
- Three intakes, related to CIs for residents sustaining a fall, resulting in injury;

- One intake, for a complaint submitted to the Director regarding concerns with staffing shortages; and,
- One intake, related to a CI for improper / incompetent care of a resident, resulting in a transfer to the hospital.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #002 from Inspection #2024-1668-0002 related to O. Reg. 246 / 22, s. 140 (2).

The following previously issued Compliance Order(s) were found NOT to be in compliance:
Order #003 from Inspection #2024-1668-0002 related to O. Reg. 246 / 22, s. 147 (1) (a).

The following previously issued Compliance Order(s) were closed:
Order #001 from Inspection #2024-1668-0002 related to FLTCA, 2021, s. 24 (1).

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Continence Care
Housekeeping, Laundry and Maintenance Services
Medication Management
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Immediate Reporting

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that the improper care of a resident was reported to the Director immediately.

Sources: A resident's progress notes; and care plan; a CI report; internal investigation notes; and interviews with staff.

WRITTEN NOTIFICATION: Complying with Inspector's Order

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

Non-compliance with: FLTCA, 2021, s. 104 (4)
Conditions of licensee
s. 104 (4) Every licensee shall comply with the conditions to which the licensee is subject.

The licensee has failed to comply with order #003 from report #2024-1668-0002, related to Ontario Regulation (O. Reg.) 246/22 - s. 147 (1) (a).

Specifically, the following component of the order was not complied:
3. The Director of Care (DOC) was to ensure that all medication incidents involving a resident were documented, together with a record of the immediate actions taken to assess and maintain the resident's health. The DOC or their nursing manager designate were to review all medication incidents.

Upon review, the Inspector identified that not all medication incidents were reviewed by the DOC or designate, and not all medication errors had actions taken documented.

Sources: Residents charts; medication error reports; and interviews with the staff.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
In the past 36 months, a CO under O. Reg. 246/22, s. 147 (1) (a) was issued.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Bathing

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

Non-compliance with: O. Reg. 246 / 22, s. 37 (1)
Bathing
s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that a resident was bathed, at a minimum of twice a week by the method of their choice.

Sources: A resident's health care records; observations of the resident; and interviews with direct care staff.

WRITTEN NOTIFICATION:Transferring and positioning techniques

NC #004 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.

The licensee has failed to ensure that a resident was positioned safely in bed as their plan of care indicated.

Sources: A resident's plan of care; Point of Care (POC) documentation; internal investigation notes; and interviews with the resident and staff.

WRITTEN NOTIFICATION: Maintenance services

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

Non-compliance with: O. Reg. 246 / 22, s. 96 (1) (b)
Maintenance services
s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

The licensee has failed to ensure that the Long-Term Care Home (LTCH) had a written procedure in place for remedial maintenance, as part of the maintenance services program.

Sources: Inspectors observations; interviews with residents, registered staff, Interim Environmental Services Manager (ESM) and the Administrator.

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246 / 22, s. 108 (1) 1.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The licensee has failed to ensure that complaints submitted to the home regarding the care of two residents were investigated and responded to within the required timeframe.

Sources: Resident's progress notes; LTCH CI Investigation Notes; and interviews with DOC and an Associate Director of Care (ADOC).

WRITTEN NOTIFICATION: Administration of drugs

NC #007 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).
The licensee has failed to ensure that drugs were administered to a resident in accordance with the directions for use as specified by the prescriber.

Sources: CI report; home's investigation file; a resident's health care records; and interview with an ADOC.

COMPLIANCE ORDER CO #001 Integration of assessments, care

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

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

The licensee shall:
1. Conduct a review of the home's process for communication of resident care between shift to shift, as well as with others involved in the residents' care.

2. Develop a written plan of corrective action to address the deficiencies identified in Part 1).

Grounds
The licensee has failed to ensure that staff and others involved in different aspects of a resident's care collaborated with each other to ensure the assessments were integrated and complimented each other, and the resident received the appropriate interventions they required.

The resident had been assessed by registered staff and required further medical interventions; however, there were delays with collaboration amongst those involved with the resident's care, resulting in a change in the resident's status.

Sources: review of a resident's health care records; the home's investigation notes; and interviews with staff, and the DOC.

This order must be complied with by March 17, 2025.

COMPLIANCE ORDER CO #002 Falls prevention and management

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

The licensee shall:
1. Develop and implement an auditing process on all home areas to ensure that a specified fall intervention is implemented as required.

2. Conduct audits for a period of two weeks, identifying trends of the audits, and implement any corrective action required as a result of the audits.

Grounds
The licensee has failed to comply with the home's falls prevention and management program, which indicated that the home was to ensure falls and fall injuries were promptly investigated to ensure that fall interventions were implemented, and root causes were identified and addressed to prevent recurrence.

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

Specifically, staff had not complied with the home's policy for not ensuring the interventions of two resident's plan of care were implemented and had not immediately investigated the root cause of the incidents pertaining to the safety of the residents.

Sources: Resident's progress notes and plan of care; internal investigation notes; and interviews with staff.

This order must be complied with by March 17, 2025

COMPLIANCE ORDER CO #003 Skin and wound care

NC #010 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

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

The licensee shall:
1. The Skin and Wound Care Lead for the home will conduct a review of the home's altered skin integrity care process for registered staff notifying the physician and/or specialist when a residents' skin integrity is altered and/or worsening. Implement revisions to the current process based on the outcome of the review.

2. The Skin and Wound Care Lead will conduct a review of the home's process for ordering and obtaining wound care supplies. Implement corrective action to address any deficiencies identified during the review.

3. Maintain a written record of the reviews, including areas corrections made, and ensure registered staff are trained on the processes implemented.

Grounds
The licensee has failed to ensure that a resident received immediate treatment and interventions to promote healing and prevent infection for a skin integrity concern.

Sources: review of a resident's health care records; the home's investigation notes; and interviews with registered staff, and the DOC.

This order must be complied with by March 17, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #002
Related to Compliance Order CO #003

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:
In the past 36 months, a CO under O. Reg. 246/22, s 55 (2) (b) was issued.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

COMPLIANCE ORDER CO #004 Continence care and bowel management

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246 / 22, s. 56 (2) (b)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

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

The licensee shall:
1. Conduct a review of the eight specified residents plan of care ensuring the level of assistance required for toileting and continence care is accurate, updating the plan of care based on outcome of review, if required.

2. Meet with direct care staff from all shifts who are primarily responsible for providing care to the residents identified to discuss the barriers and challenges of staff providing continence care to these residents, as outlined in their plans of care. Based on the outcomes of these meetings, implement corrective action to address barriers identified.

3. Maintain documentation of all actions taken in Part 1) and Part 2), and must be available upon the Inspectors request.

Grounds
The licensee has failed to ensure that the individualized plan of continence care and toileting was implemented for eight residents.

Sources: Review of resident's health care records; interviews with direct care and registered staff, and the DOC.

This order must be complied with by March 17, 2025

COMPLIANCE ORDER CO #005 Nutritional care and hydration programs

NC #012 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

The Licensee shall:
1. The Dietary Manager and Registered Dietitian (RD) are to conduct a review of the home's policies titled, Dietary Department Communication, Snack and Nourishment and the Food and Fluid Intake Monitoring, to ensure that the processes and procedures identified in these policies are feasible for implementation in this home.

2. Develop and conduct daily audits of the resident's nourishment services for the resident's identified, for a period of two weeks, ensuring staff are providing the level of assistance required for snack service, are documenting accurately the resident's intake. and the appropriate dietary referral is completed if decreased intake and refusals are identified.

3. Maintain a written record of the audits, including any corrective action taken as a result of the audits.

Grounds
The licensee has failed to ensure that the nutritional care and hydration program policies and procedures were complied with for two residents.

In accordance with O. Reg 246 / 22 s. 11 (1) (b), the licensee was required to ensure that written policies and protocols were developed for the nutritional care and hydration program and ensure they were complied with.

Specifically, staff did not comply with the licensees' "Dietary Department Communication, Snack and Nourishment and the Food and Fluid Intake Monitoring" policies as the appropriate processes were not followed for two residents.

Sources: Review of resident's health care records; interviews with the RD; review of the Dietary Department Communication (RC-18-01-03), Snack and Nourishment (RC-18-01-04) and Food and Fluid Intake Monitoring (RC-08-01-01) policies and procedures.

This order must be complied with by March 17, 2025

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

REVIEW / APPEAL INFORMATION

TAKE NOTICEThe 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.