

**Ministry of Long-Term Care**

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

**Ottawa District**

347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

**Public Report**

**Report Issue Date:** April 17, 2025

**Inspection Number:** 2025-1671-0003

**Inspection Type:**

Post-Occupancy

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

**Long Term Care Home and City:** Extendicare Limestone Ridge, Kingston

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): April 7, 8, 9, 10, 11, 14, 15, 16 and 17, 2025.

The following intake(s) were inspected:

- Intake: #00141758 was a Post Occupancy Inspection.

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

- Resident Care and Support Services
- Continence Care
- Food, Nutrition and Hydration
- Medication Management
- Housekeeping, Laundry and Maintenance Services
- Safe and Secure Home
- Infection Prevention and Control
- Admission, Absences and Discharge

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## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 19 (2) (c)**

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the home, furnishings and equipment were maintained in a good state of repair, as a door to the exterior of the home, located within a locked stairwell could be pushed open without entering the door access code.

Sources: Observations and interview with staff.

Date Remedy Implemented: April 8, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 84 (1) (a)**

Information for residents, etc.

s. 84 (1) Every licensee of a long-term care home shall ensure that,

(a) a package of information that complies with this section is given to every resident and to the substitute decision-maker of the resident, if any, at the time that

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the resident is admitted;

The licensee has failed to ensure that the admission package of information was given to every residents' substitute decision-maker, if any, at the time that the resident was admitted to the home.

Sources: The Post-Occupancy Confirmation Checklist and interview with the Administrator.

Date Remedy Implemented: April 9, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 1.**

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents.

The licensee has failed to ensure that the seven-day menu was communicated to residents as the posted menu was for week two, and the home was on week three of the menu cycle.

Source: Observations.

Date Remedy Implemented: April 14, 2025

**WRITTEN NOTIFICATION: Home to be Safe, Secure Environment**

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

**Non-compliance with: FLTCA, 2021, s. 5**

Home to be safe, secure environment

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s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee has failed to ensure that the home was a safe environment for its residents as parts of the floor were wavy and not a smooth surface. A resident stumbled while walking on a section of unlevelled flooring.

Sources: Observations and interview with staff.

## **WRITTEN NOTIFICATION: Plan of Care**

NC #005 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.

a) The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan when they were served a food that contained a listed allergen.

Sources: Observations and review of the dietary kardex.

b) The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan when they were served beverages that were not the required consistency.

Sources: Observations and interview with staff.

c) The licensee has failed to ensure that the plan for exercises, as set out in a

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resident's plan of care, was provided to the resident as specified in the plan. Specifically, the resident's plan of care indicated they were to receive exercises at set frequencies. During an interview, it was confirmed this had not yet occurred.

Sources: Review of a resident's plan of care and interviews with the resident and staff.

## **WRITTEN NOTIFICATION: Specific Duties re Cleanliness and Repair**

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

### **Non-compliance with: FLTCA, 2021, s. 19 (2) (a)**

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee has failed to ensure that the dining area and activity room in a home area, the stairwells and a public washroom were kept clean and sanitary.

Debris and food waste were observed on the floor in an activity room, and they remained there days later. Visibly soiled dining table legs, and sticky residue and food debris were observed on the floor in a dining room following breakfast and lunch service, indicating the floors had not been cleaned between meal services.

Observations of public areas such as a stairwell and a public washroom showed residue and debris on the floors for an extended period of time.

Sources: Observations and interviews with staff.

## **WRITTEN NOTIFICATION: Skin and Wound Care**

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NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

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,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a resident's altered skin integrity was reassessed at least weekly, as required.

Sources: Review of a resident's health care record and interview with staff.

## **WRITTEN NOTIFICATION: Transferring and Positioning**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 64**

Transferring and positioning

s. 64. Every licensee of a long-term care home shall ensure that when transferring and positioning residents, staff shall use devices and techniques that maintain or improve, wherever possible, residents' weight bearing capability, endurance and range of motion.

The licensee has failed to ensure that when transferring and positioning a resident, staff used devices and techniques that maintained or improved, wherever possible, the resident's weight bearing capability, endurance and range of motion.

Upon admission, it was known that a resident required the use of adaptive

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equipment for transferring. The home could not accommodate the type of equipment required and had not trialed any other alternatives. This was contrary to the resident's goal of maintaining their independence and weight bearing capacity.

Sources: Review of a resident's health care record and interviews with the resident and staff.

### **WRITTEN NOTIFICATION: Infection Prevention and Control**

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with additional requirement 9.1 (b) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that Routine Practices were followed in the IPAC program, specifically related to the completion of hand hygiene by staff.

Sources: Observations and interview with staff.

### **WRITTEN NOTIFICATION: Safe Storage of Drugs**

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)**

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Safe storage of drugs

- s. 138 (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
  - (ii) that is secure and locked,

The licensee has failed to ensure that a medication cart located outside the dining room on a home areas was secure and locked.

Source: Observation.

## **COMPLIANCE ORDER CO #001 Doors in a Home**

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

**Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.**

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

- 3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

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

The licensee shall:

A) Ensure that the action implemented to manage the immediate risk to residents presented by the malfunctioning door locking systems, whereby security guards were stationed at the doors, remains in place until the doors are equipped with locks that will consistently and reliably restrict unsupervised access by residents to the service corridors between resident home areas.



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B) Ensure that the action specified in item A is described in writing, including details explaining how the licensee is assured that the doors are never left unguarded such as when a guard requires a break. Include a process to audit the door coverage at least once per shift with sign off by the person who verifies the coverage.

C) Continue to investigate and explore causes of the door locking system malfunction and implement any potential physical solutions as they become known. Maintain a record of this for the Ministry of Long-Term Care to review.

D) Determine and implement a solution to ensure the doors to the service corridors are equipped with locks that can consistently and reliably restrict unsupervised access to the areas by residents without fail.

E) Implement a rigorous testing and validating process of any physical design solution that is implemented. Maintain a record to support a determination that the service corridor doors have been equipped with locks that will consistently and reliably restrict unsupervised access to the service corridors between RHAs.

**Grounds**

The licensee has failed to ensure that doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

During a tour of the home, the doors to the service corridors in two resident home areas were found to be unlocked and unsupervised by staff. Access to the unlocked laundry chute and staff washrooms were within the service corridors. Two doors to soiled utility rooms were not locked and were unsupervised by staff. Chemicals and a bucket with broken glass were in these soiled utility rooms. A door to a housekeeping closet was unlocked, and this room contained cleaning chemicals. The door was not being supervised by staff.

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The doors to the service corridors were found to be unlocked and unsupervised by staff, intermittently on two subsequent days, before a measure was put in place to ensure that no resident accessed the service corridor through unlocked doors.

Sources: Observations and interview with staff.

**This order must be complied with by May 22, 2025**

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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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, 9<sup>th</sup> Floor

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).