

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: May 5, 2025

Original Report Issue Date: April 23, 2025

Inspection Number: 2025-1671-0002 (A1)

Inspection Type:

Critical Incident
Follow up

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

AMENDED INSPECTION SUMMARY

This report has been amended to:

Written Notification (WN) #002 was amended to correct the workspace number from 2024_1671_001 to 2025_1671_0001, to accurately reflect the original workspace in which the non-complied Compliance Order (CO) #002 is located. WN #002 was also amended by removing the words "was provided" at the end of the portion of the finding that was not complied, as these words were not in the original CO #002 in WS 2025_1671_0001.

WN #002 is being newly issued in this Amended Inspection Report, with a served date of May 5, 2025. WN #001 is included in this report for reference; however, was not amended; therefore, the served date remains April 23, 2025.

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INSPECTION SUMMARY

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The inspection occurred onsite on the following date(s): April 8 - 9, 14 - 17, 22 - 23, 2025

The following intake(s) were inspected:

- Intake: #00139526 - Follow-up #: 1 - O. Reg. 246/22 - s. 102 (2) (b) - CDD April 11, 2025, regarding Infection Prevention and Control (IPAC)
- Intake: #00139527 - Follow-up #: 1 - O. Reg. 246/22 - s. 74 (2) (a) - CDD March 24, 2025, regarding dining service
- Intake: #00140446 - CI #3070-000014-25 - Fall of resident resulting in injury
- Intake: #00141446 - CI #3070-000017-25 - Alleged resident to resident physical abuse

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1671-0001 related to O. Reg. 246/22, s. 74 (2) (a).

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #002 from Inspection #2025-1671-0001 related to O. Reg. 246/22, s. 102 (2) (b).

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

- Food, Nutrition and Hydration
- Infection Prevention and Control
- Responsive Behaviours

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Prevention of Abuse and Neglect
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

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:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that an immediate report was made to the Director regarding an alleged incident of physical abuse between two residents. The alleged incident of physical abuse between the two residents occurred on a specified day in February 2025; however was not reported to the Director until a specified day in March 2025. A staff member confirmed that an immediate report to the Director was not made.

Sources: Review of the critical incident report and an interview with a staff member

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WRITTEN NOTIFICATION: Licensee must comply

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee failed to comply with Compliance Order (CO) #002, from inspection #2025-1671-0001, served on February 10, 2025, with a compliance due date of April 11, 2025. CO #002 was issued under O. Reg 246/22 s. 102 (2) (b), related to ensuring that a standard issued by the Director with respect to infection prevention and control was complied with.

The following components of the order were not complied with:

5. Develop a staffing plan that outlines who is responsible for the cleaning of high touch contact areas, and demonstrates adequate personnel are available on each shift to complete the required cleaning. The plan should include outbreak, and non-outbreak settings.

During a review of the Housekeeper Job Routine, it was unclear when high touch contact areas were scheduled to be cleaned. Interviews with staff confirmed that the Housekeeper Job Routine felt unmanageable, and at times, required tasks are not completed. Observations of video surveillance on two Resident Home Areas (RHAs) that were experiencing an outbreak, confirmed that cleaning of high touch areas was not being completed at the required intervals.

Sources: Review of Housekeeper Job Routine and staffing contingency plan;

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Observation of video surveillance; Interviews with staff members

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. 102 (2) (b) was issued (2025-1671-0001).

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

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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.