

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: July 30, 2025

Inspection Number: 2025-1139-0005

Inspection Type:

Complaint
Critical Incident

Licensee: Iris L.P., by its general partners, Iris GP Inc. and AgeCare Iris Management Ltd.

Long Term Care Home and City: AgeCare Aurora, Aurora

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 23, 24, 25, 28, 29, 30, 2025

The following intake(s) were inspected:

- Intakes related to falls
- Intakes related to improper care
- An intake related to responsive behaviors and nutrition.

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

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

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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) (c)

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,

(c) clear directions to staff and others who provide direct care to the resident; and

1.The licensee has failed to ensure that the written plan of care for a resident set out clear direction to staff.

A resident's written plan of care was not updated to provide clear and specific direction regarding the resident's current status. The plan of care only indicates that the resident requires certain assistance but lacks critical details. The Physiotherapist (PT) acknowledged that the plan of care should include this specific information to ensure safe care practices.

Sources: Record review of resident's clinical records, home's policy and interviews with the PT and Personal Support Workers(PSW).

2.The licensee has failed to ensure that the written care plan for a resident sets out clear directions to staff.

A resident's written care plan did not indicate necessary details relevant to two

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aspects of resident's care.

Sources: Observation, resident's clinical records, interview with PSW.

WRITTEN NOTIFICATION: Availability of Supplies

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

Non-compliance with: O. Reg. 246/22, s. 48

Availability of supplies

s. 48. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

The licensee has failed to ensure that all lifts are operational and readily available for resident requirement when batteries were not present on all lifts and as back up.

In accordance with O. Reg. 246/22, s. 48, the licensee is required to ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents.

Specifically, on a resident home area, lifts were observed to not have a battery or back up battery available.

A PSW confirmed that batteries, including back up batteries, are required for all lifts on the resident home area and existing batteries are being switched from lift to lift due to battery shortage for required usage, rendering lifts non operational when batteries removed.

Sources: Observation, Interview with PSW.

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WRITTEN NOTIFICATION: Falls 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).

1.The licensee failed to comply with the home's Falls Prevention and Management Program when strategies to reduce or mitigate falls.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the Falls Prevention and Management Program were complied with.

A resident was assessed for falls risk and a measure was not implemented for falls mitigation.

Sources: Critical Incident (CI) Report, resident's clinical records, the home's policy, interviews with an RN and DOC.

2.The licensee failed to comply with the home's Falls Prevention and Management Program when strategies to reduce or mitigate falls.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that

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written policies developed for the Falls Prevention and Management Program were complied with.

A resident was assessed for falls risk and a measure was not implemented for falls mitigation.

Sources: CI report, Resident's clinical records, the home's policy, interviews with a Registered Nurse (RN) and Director of Care (DOC).

WRITTEN NOTIFICATION: Falls Prevention and Management

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

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee failed to comply with the home's Falls Prevention and Management Program when a specific assessment was not completed at the designated intervals as per the home's policy.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the Falls Prevention and Management Program were complied with.

Specifically, the home's policy indicated that a specific assessment will be initiated for a specified time.

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An RN confirmed that the specific assessment was initiated on a specific shift for a resident following a fall. The resident's clinical records indicated that the assessment was not completed. The DOC confirmed that the assessment should have been completed.

Sources: Resident's clinical records, Home's policy, and interviews with an RN and DOC.

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (5)

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee failed to ensure that the planned menu items were offered and available for dessert at lunch on a specific date. The posted menu on a specific resident home area indicated fresh watermelon for dessert but residents were offered canned fruits instead.

Sources: Posted menus, and Interview with Food and Nutrition Manager (FNM).

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (2) (b)

Dining and snack service

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s. 79 (2) The licensee shall ensure that,

(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident.

The licensee has failed to ensure that a resident was not served a meal until someone was available to provide the assistance required.

On a specific date, a resident was observed seated at a table in the dining area with their lunch meal placed in front of them on the table. During the approximately observation for a specific time period, no staff were present to assist the resident.

Sources: Observation and resident's clinical records.

WRITTEN NOTIFICATION: Laundry service

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

Non-compliance with: O. Reg. 246/22, s. 95 (1) (b)

Laundry service

s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

The licensee failed to ensure that a sufficient supply of clean linen are always available in the home for use by residents.

Laundry services program of the home did not have sufficient supply of clean linen available in the home for use by residents. PSWs confirmed that the home does not have an adequate supply of face cloths and towels for resident use.

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Sources: Observation, interviews with PSWs.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

The licensee has failed to implement the standard or protocol issued by the Director with respect to infection prevention and control (IPAC) and hand hygiene at the moments required.

On a specific date, multiple staff members were observed failing to perform hand hygiene prior to resident contact. Infection Prevention and Control (IPAC) Lead stated that the staff should have performed hand hygiene.

Sources: Observations, interview with RPN and IPAC Lead.

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

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