

Public Report

Report Issue Date: September 15, 2025

Inspection Number: 2025-1139-0006

Inspection Type:
Complaint

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): September 10-12,15, 2025

The following intake(s) were inspected:

- One Intake related to complainant regarding continence care and physical abuse.

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

Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that resident #001 was protected from neglect by Personal Support Worker (PSW) #102.

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
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Section 7 of O. Reg. 246/22 defines “neglect” means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

According to the resident’s #001 plan of care, they required total assistance from two staff members for toileting. On a specific date, the resident requested assistance to use the washroom and waited approximately one hour after requesting help, as only one staff member was available and no alternative support was sought.

Sources: Resident #001's clinical records; interviews with resident #001 and DOC.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #002 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;

The licensee has failed to ensure that resident #001, who is unable to toilet independently, received assistance from staff with continence care and toileting. PSW #102 refused to assist resident #001 with continence care and toileting in a timely manner when the resident had requested assistance.

Sources: The resident #001 clinical records; home internal investigation note, Interviews with resident #001 and DOC.



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

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