

**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:** December 8, 2025

**Inspection Number:** 2025-1139-0008

**Inspection Type:**

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): November 25-28, 2025, and December 1-5, 8, 2025.

The following intake(s) were inspected:

- An intake related to falls prevention
- Two intakes related to prevention of abuse and neglect
- An intake related to a disease outbreak

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

Housekeeping, Laundry and Maintenance Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Falls Prevention and Management

**INSPECTION RESULTS****WRITTEN NOTIFICATION: Residents' Bill of Rights**

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 16.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of

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residents are fully respected and promoted:

16. Every resident has the right to proper accommodation, nutrition, care and services consistent with their needs.

A resident was assisted for a specific Activity of Daily Living (ADL) by a staff member who used an inappropriate technique when providing care to them. This action caused discomfort to the resident.

**Sources:** A Critical Incident Report (CIR), the home's investigation notes, and staff interviews.

**WRITTEN NOTIFICATION: Reporting certain matters to Director**

NC #002 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.

1- An allegation of staff to resident improper care was not reported immediately to the Director when multiple staff became aware of the allegation. This late reporting delayed and compromised the home's investigation process and put the resident at further risk of harm.

**Sources:** A CIR, the home's investigation notes, and staff interviews.

2- An allegation of staff to resident improper care was not reported immediately to the Director when a staff became aware of the allegation. This late reporting affected the home's investigation process and assessment of the resident in a timely manner.

**Sources:** A CIR, the home's investigation notes, and staff interviews.

**WRITTEN NOTIFICATION: Further training needs**

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

**Non-compliance with: FLTCA, 2021, s. 82 (6) 2.****Training**

s. 82 (6) Every licensee of a long-term care home shall ensure that the following are done:

2. The further training needs identified by the assessments are addressed in accordance with the requirements provided for in the regulations.

In accordance with Ontario Regulation (O. Reg) 246/22, s. 260 (3) (b), the further training needs of a staff identified by the assessment of the licensee shall be addressed in the manner the licensee considers appropriate.

A disciplinary sanction was delivered to a staff member, following the home's investigation about an allegation of improper care to a resident. According to documentation provided to the Inspector, the assigned training was not fully completed by the staff member due to a technical issue. The Executive Director (ED) confirmed the education was to be completed prior to the staff returning to perform their responsibilities.

**Sources:** The staff member's employment file and training records, and staff interviews.

**WRITTEN NOTIFICATION: INFECTION PREVENTION AND  
CONTROL PROGRAM**

NC #004 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).

In accordance with Additional Requirement 9.1 (e) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022, revised September 2023), the additional precautions for two residents did not include point-of-care signage indicating that enhanced IPAC control measures were in place on a specific resident home area.

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**Sources:** Observations including a photograph of a resident's room, the IPAC Standard, April 2022, revised September 2023, and an interview with staff.

## **COMPLIANCE ORDER CO #001 Laundry service**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

1) The Executive Director (ED) and the Environmental Services Manager (ESM) will review and conduct a gap analysis of the home's current supply of linens including the current quota of linens allocated for each resident, each Resident Home Area (RHA), and total for the entire home. The review and analysis will at minimum include quotas for face cloths, hand and bath towels. The home will also include quotas for additional supply for incidental towel use for each resident and a contingency supply for each RHA. The home will develop a documented record of the home's quotas as outlined above and review as needed on an ongoing basis.

2) Upon analysis in section 1, the home is to develop and implement a process to ensure sufficient supply of towels are readily available in the home in addition to contingency supplies in each RHA.

3) The ED and the ESM are to conduct a review and gap analysis of the current laundry process to determine an appropriate process for the home which ensures that residents' direct care hours are not affected or compromised. Based on the review and gap analysis, the home is to revise the job routines for both the Designated Laundry Aide and Personal Support Workers in the home (if required).

4) Maintain documented records in sections 1-3.

5) Provide education to all nursing and Laundry Aide staff on the revised processes.

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- a) The home shall track a list of required staff to receive this training.
- b) The attendance record for the required training must include the date of completion, full names and designations of the staff, and who provided the training including their full name and designation.
- 6) The ESM and/or a designate are to develop and implement an auditing process to ensure that a sufficient supply of clean face cloths, bath and hand towels is available in each RHA based on the residents' individual care needs and the quotas determined in part 1.
- 7) The audits for part 6, will be conducted daily on "Evening" shifts and during "Weekends" for a period of four weeks in all RHAs. Keep a documented record of this audit including the dates and RHA, who completed the audit, and any corrective action taken when a concern is identified.

**Grounds**

Upon observations and staff interviews on various dates, insufficient supply of clean face cloths and towels identified in different RHAs. Multiple staff confirmed that there were no additional sources of clean towel supply on the RHAs after the initial delivery. A staff member stated that some residents had complained of feeling cold and wet following a shower and they were unable to provide any additional towels for warmth and comfort.

Further interviews with staff indicated that PSWs were responsible to deliver clean linens to RHAs at the start of the shift. Additionally, they were responsible to deliver soiled linens to the laundry room one to two times during their shift. Staff further stated that this has negatively affected the time to provide direct care to the residents which impacts the quality of care provided to the residents.

A laundry staff indicated that if there is a clean towel shortage, they could obtain further towels from the housekeeping storage room, however those towels need to be washed before use. They further stated that on a specific date, the entire home had insufficient supply of clean towels, however they did not have time to wash the towels in the housekeeping storage room to provide them to the RHAs.

The home's Laundry Service Guidebook, requires a fractional allocation of bath towels

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to be provided per bed. Such linens are indivisible and cannot be divided into further pieces which leads to inconsistency of the calculation of the number of linens.

Lack of sufficient clean towels for resident use, compromises their dignity and comfort.

**Sources:** Observations, the home's policy, and staff interviews.

**This order must be complied with by March 6, 2026**

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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)

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

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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  
Toronto, ON, M5S 1S4

**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).



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

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