

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: June 13, 2025

Inspection Number: 2025-1075-0003

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 Elmira, Elmira

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: June 4 - 6, and 9 - 13, 2025.

The following intake was inspected on in this Complaint inspection:

- Intake: #00146365 was related to resident care and support services and infection prevention and control.

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

Resident Care and Support Services
Food, Nutrition and Hydration
Infection Prevention and Control
Safe and Secure Home
Falls Prevention and Management

INSPECTION RESULTS

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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. 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.

The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A resident's care plan and the logo posted above their bed stated different information regarding how much assistance a resident required with transfers. This information was updated so that it was consistent.

Sources: Observations, a resident's clinical records, and interviews with staff.

Date Remedy Implemented: June 10, 2025

WRITTEN NOTIFICATION: Doors in a home

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

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

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

Sources: An observation and interviews with staff.

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).

The licensee has failed to ensure that the falls prevention and management program provided for the use of equipment, supplies, devices and assistive aids for a resident.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure the falls prevention and management program, at a minimum, includes the use of devices and provides for strategies to monitor residents, and must be complied with.

The home's Resident Fall Prevention Program Policy stated that the program would include the implementation of individualized fall prevention strategies/interventions

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tailored to the results of the risk assessment.

A resident's care plan stated that they were to have specific assistive devices in place and functioning. The resident did not have one assistive device in place and the other was not functioning.

Sources: An observation, a resident's clinical records, Resident Fall Prevention Program Policy, Policy Number LTC-ON-200-05-03, revision approval date, July 2024, and interview with staff.

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).

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 (f) under the IPAC standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that staff donned the required Personal Protective Equipment (PPE) when entering a resident room that was on droplet contact precautions, specifically protective eyewear.

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Sources: An observation, Infection Prevention and Control (IPAC) Standard, (April 2022, revised September 2023), and interview with staff.