

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

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor London, ON, N6A 5R2 Telephone: (800) 663-3775

Public Report

Report Issue Date: September 15, 2025 Inspection Number: 2025-1141-0005

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 Parkhill, Parkhill

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 9, 10, 11, 12 and 15, 2025.

The following intake(s) were inspected:

- Intake: #00153709 -related to Improper care.
- Intake: #00156395 -complaint related to staffing and programs in the home.

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

Resident Care and Support Services

Skin and Wound Prevention and Management

Responsive Behaviours

Staffing, Training and Care Standards

Restraints/Personal Assistance Services Devices (PASD) Management



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INSPECTION RESULTS

WRITTEN NOTIFICATION: Resident Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 18.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

The licensee failed to ensure a residents right for privacy was respected.

An incident was identified where a residents right for privacy was violated.

Record review and Interviews confirmed staff were to uphold and implement the Residents' Bill of Rights.

Sources: Resident clinical records; the home's "Residents Bill of Rights policy, investigation notes and interview with Assistant Director of Care.