Ontario

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: February 19, 2025

Inspection Number: 2025-1298-0002

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 Pine Grove, Woodbridge

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 3-4, 6-7, 10-12, 18-19, 2025.
The inspection occurred offsite on the following date(s): February 13, 2025

The following intakes were inspected in this Critical Incident System (CIS) inspection:
• Intake: #00136749/CIS #2808-000001-25 was related to improper/incompetent care of a resident.
• Intake: #00137221/CIS #2808-000003-25 was related to a resident's fall.
• Intake: #00137317/CIS #2808-000004-25 was related to a disease outbreak.
• Intake: #00138117/CIS #2808-000005-25 was related to alleged abuse of a resident.

The following intake was inspected in this complaint inspection:
• Intake: #00137832 was related to a resident's fall and care concerns.

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

Continence Care
Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

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 (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 a resident was provided care in the manner set out in their plan of care when the resident care was provided using specific staff assistance which was not consistent with the required level of assistance as per care plan instructions.

Sources: Long-Term Care Home's (LTCH)'s investigation notes, resident's care plan, and interviews with Personal Support Workers' (PSW) and Director of Care (DOC). (741673)

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 8.

Plan of care
s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
8. Continence, including bladder and bowel elimination.

The licensee has failed to ensure that a resident's plan of care was based on, at a minimum, interdisciplinary assessment with respect to continence care. A resident was admitted to the home, the registered staff were required to complete an assessment in consultation with the resident/Substitute Decision Maker (SDM) to determine a plan of care related to continence care which was not completed for the resident.

Sources: Home's policy titled "Continence and Bowel Management Program" #LTC-ON-200-05-01 last revised July 2025, resident's clinical records, interviews with RPN, Resident Assessment Instrument (RAI) Coordinator and DOC.
(741673)

WRITTEN NOTIFICATION: Skin and wound care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (d)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated; and

The licensee has failed to ensure that a resident who was dependent on staff for specific care needs was provided with assistance when the PSW failed to reposition

the resident as per the schedule included in the resident's plan of care.

Sources: Home's policy titled "Skin and Wound Care Program" #LTC-ON-200-05-02 last revised January 2025, resident's clinical records, interviews with PSWs and DOC.
(741673)

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 related to routine practices for hand hygiene was implemented by a PSW.

In accordance with Additional Requirement 9.1 (b) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that the hand hygiene program was implemented when the PSW failed to follow routine practices and wash their hands after touching a resident and their equipment and then touching another resident's face.

Sources: Observation of dining room main floor, interview with PSW.
(000853)

COMPLIANCE ORDER CO #001 Required programs

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1) Ensure all registered staff assigned to the home's first floor Resident Home Area (RHA) are re-educated on the home's Falls Prevention Program, specific to Post Fall Assessment and Analysis after a resident's fall.
2) Conduct an audit for a period of four weeks, following the service of this order, on four random residents who have fallen to ensure post fall assessment and analysis are completed appropriately and residents' care plans are revised based on the root cause of the fall.
3) Maintain a record of the audits, including the dates, who conducted the audits, staff and residents audited, results of audits and actions taken in response to the audit findings

Grounds

The licensee has failed to comply with their Resident Falls Prevention Program when a resident had a fall.

In accordance with O. Reg. 246/22, s.11 (1) (b), the licensee was required to have a falls prevention and management program to reduce the incidence of falls and the

risk of injury and must be complied with.

Specifically, staff did not comply with LTCH's Fall Prevention Program policy when the resident's care plan was not modified to include interventions to prevent repeat falls based on the root cause of the fall.

Rationale and Summary
i) The home's policy specified that based on analysis of the fall event, the registered staff will review and modify the care plan to include interventions to prevent repeat falls from occurring based on the root cause of the fall.

The resident's progress notes documented stated that the resident had a specific care need due to medical condition. Progress notes particularly from evening shifts indicated that the resident often self-transferred themselves related to the specific care need. The resident had a fall. A post fall assessment and analysis determined that the root cause of the fall was the specific care need of the resident, however the resident's plan of care was not revised based on the root cause.

Failure to follow the home's Resident Fall Prevention Program resulted in the resident not having appropriate falls prevention interventions, leading to another fall that ultimately led to the resident's death.

ii) The licensee has failed to comply with their Falls Prevention and Management policy related to Head Injury Routine (HIR)/neurological assessment when registered staff did not complete neurological assessments at specific times after a resident's unwitnessed fall.

In accordance with O. Reg. 246/22, s.11 (1) (b), the licensee was required to have a falls prevention and management program that provided strategies to monitor residents and must be complied with.

Specifically, the home's policy indicated that HIR/neurological assessment to be completed for 48 hours (Every 30 minutes x four, every one-hour X four, every four hours x five, and every eight hours x three) if suspected head injury or unwitnessed fall unless otherwise directed by the attending physician.

Sources: Home's policy titled "Resident Fall Prevention Program" #LTC-ON-200-05-03 last revised July 2025, resident's clinical records, and interviews with RPN, and DOC. [741673]

This order must be complied with by March 28, 2025

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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

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, 9th Floor

Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.