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: January 12, 2026
Inspection Number: 2026-1383-0001
Inspection Type: Proactive Compliance Inspection
Licensee: Iris L.P., by its general partners, Iris GP Inc. and AgeCare Iris Management Ltd.
Long Term Care Home and City: AgeCare Trilogy, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 6, 7, 8, 9, 12, 2026.

The following intake was inspected:
- Intake: #00166609- Proactive Compliance Inspection

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

Continence Care
Infection Prevention and Control
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Restraining by physical devices

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 35 (2) 6.
Restraining by physical devices
s. 35 (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:
6. The plan of care provides for everything required under subsection (3).

A resident required the use of restraints. The home's policy related to restraint usage requires that the care plan provides the reason for its usage and when it is to be applied. The Clinical Coordinator and the Director of Care (DOC) both confirmed that the resident's care plan did not contain this information.

Sources: Home's policy titled, "Restraint Program", Policy #LTC-ON-200-08-01, dated November 2025; Review of a resident's current care plan; Interview with the Clinical Coordinator and the DOC.

WRITTEN NOTIFICATION: PASDs that limit or inhibit movement

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 36 (4) 5.
PASDs that limit or inhibit movement
s. 36 (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident’s plan of care only if all of the following are satisfied:
5. The plan of care provides for everything required under subsection (5).

Two residents required the use of a Personal Assistance Service Device (PASD). The home's policy related to PASD usage requires that the care plan provides instructions on the application and removal of the PASD along with the monitoring requirements for the PASD. The Clinical Coordinator and the DOC both confirmed that these two residents' care plans did not contain this information.

Sources: Home's policy titled, "Personal Assistance Service Device (PASD)", Policy #LTC-ON-200-08-03, dated November 2025; Review of two residents' current care plan; Interview with the Clinical Coordinator and the DOC.

WRITTEN NOTIFICATION: Doors in a home

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading

to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,

A tub room door located on the fourth floor unit was found to be unlocked. The signage in front of the door indicated that it needed to be locked and closed at all times. The Executive Director (ED) and the DOC both confirmed that this was the requirement in the home.

Sources: Observation on the fourth floor unit; Interview with the ED and the DOC.

WRITTEN NOTIFICATION: Doors in a home

NC #004 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 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 supplies room door located on the second floor unit was found to be unlocked. A Registered Practical Nurse (RPN) stated the room contained the unit's mechanical lifts and transport wheelchairs, and therefore was considered a non-residential area and should be locked at all times.

Sources: Observation on the second floor unit; Interview with a RPN and other staff.

WRITTEN NOTIFICATION: Communication and response system

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 20 (a)
Communication and response system
s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

Two residents were observed to not have their call bell within reach and accessible while in bed.

Sources: Observation inside two resident rooms; Interview with the ED and other staff.

WRITTEN NOTIFICATION: Communication and response system

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 20 (b)
Communication and response system
s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(b) is on at all times;

A resident's call bell located next to their bed and washroom were observed to not be in working order.

Sources: Observation inside a resident room; Interview with the ED and other staff.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

A resident had exhibited bowel incontinence in several MDS- RAI (Minimum Data Set - Resident Assessment Instrument) assessments however, there were no bowel assessments documented in Point Click Care (PCC). A RPN confirmed that the

required assessments were not completed.

Sources: A resident's clinical records, Home's Policy titled, "Continence And Bowel Management Program" # LTC-ON-200-05-01, interview with a RPN.

COMPLIANCE ORDER CO #001 Bed rails

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 18 (1) (a)
Bed rails
s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 18 (1) (a) [FLTCA, 2021, s. 155 (1) (b)]:
The plan must include but is not limited to:
a) Educate all registered staff working on the first, third and fifth floors along with any other staff members that would be responsible for conducting bed safety assessments on the home's policy, "Bed Safety Assessments", including but not limited to the frequency of when these assessments should be completed and the potential risks to the residents if they are not completed at the required frequencies.
b) A process to audit and ensure that residents utilizing bed rails receive a bed safety assessment in alignment to the frequencies outlined in the home's policy. This process should include but is not limited to, specifying the exact staff member(s) who will be responsible for completing the bed safety assessments and the staff member(s) who will audit these assessments to ensure it is aligned with the frequencies specified in the home's policy.

The plan should include identified staff roles and responsibilities and target dates for the implementation of the above process.
Please submit the written plan for achieving compliance for inspection #2026-1383-0001 to LTC Homes Inspector, MLTC, by email to torontodistrict.mltc@ontario.ca by January 23, 2026.
Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

Three residents required the use of bed rails. The home's policy titled “Bed Safety Assessments”, required that residents using bed rails would have a bed safety assessment completed on an annual basis, at a minimum. The Clinical Coordinator and the DOC both confirmed that these residents did not receive annual bed safety assessments.

Failure to ensure that bed safety assessments were completed on an annual basis placed the residents who utilized bed rails at risk of entrapment.

Sources: Home's policy titled, " Bed Safety Assessments”, Policy # LTC-ON-200-08-05, dated November 2025; Review of three residents' assessments and plan of care; Interview with the Clinical Coordinator, the DOC and email communication with the ED; Observations on the three residents' rooms.

This order must be complied with by February 27, 2026

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.