

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 13, 2026

**Inspection Number:** 2026-1383-0002

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**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 date(s): February 4-6, 9-13, 2026

The following intake(s) were inspected:

- Intake: #00162690 – complaint related to allegations of abuse and medication administration
- Intake: #00162709 - follow-up on a Compliance Order (CO) related to O. Reg 246/22 s. 102 (2) (b)
- Intake: #00164324/Critical Incident (CI) # 2899-000037-25 – related to a disease outbreak
- Intake: #00165721/CI # 2899-000039-25 and intake: #00166700/CI # 2899-000041-25 – related to falls prevention and management

### Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:  
Order #001 from Inspection #2025-1383-0007 related to O. Reg. 246/22, s. 102 (2) (b)

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

Medication Management

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Infection Prevention and Control  
Prevention of Abuse and Neglect  
Falls Prevention and Management

## INSPECTION RESULTS

### 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 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary;

Two residents' plan of care stated that crushed medications were to be mixed with a specific agent for administration. A Registered Practical Nurse (RPN) was observed administering medications with a different agent to the residents. The residents' plan of care were not revised when the residents' care needs changed, however, there was no impact to residents since staff were providing care based on current resident preferences.

**Sources:** Residents' clinical records and interviews with staff.

Date Remedy Implemented: February 5, 2026

### WRITTEN NOTIFICATION: Plan of Care

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

#### **Non-compliance with: FLTCA, 2021, s. 6 (4)**

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different

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aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

Staff did not collaborate with each other when a resident required an intervention as a fall prevention strategy. The resident had a fall with an injury.

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

### WRITTEN NOTIFICATION: Plan of Care

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

#### Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary;

The care plan for a resident was not revised and updated when the fall risk assessment identified the resident required a specific intervention.

**Sources:** A resident's clinical records and interviews with staff.

### WRITTEN NOTIFICATION: Plan of Care

NC #004 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.

A resident's plan of care stated that they required an intervention staff while in wheelchair due to risk for falls. The resident was observed to be trying to get out from the wheelchair without the intervention in place.

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**Sources:** Observation and interviews with staff.

## WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

A resident sustained a fall. The resident was transferred off the floor manually by staff. The home has a zero-lift policy and residents should have been transferred using a mechanical lift post falls.

**Sources:** A resident's clinical records, the home's investigation notes and interview with staff.

## WRITTEN NOTIFICATION: Required programs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**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.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to have a falls prevention and management program that provided strategies to monitor residents and must be complied with. Specifically, registered nursing staff did not comply with the home's Head Injury Routine (HIR) Policy to complete HIR monitoring for the resident's unwitnessed fall.

A resident experienced an unwitnessed fall. There were missing entries for the HIR monitoring record for the resident.

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**Sources:** A resident's clinical records, the home's Head Injury Routine Policy (LTC-ON-200-07-04) and interview with staff.

### WRITTEN NOTIFICATION: Required programs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.**

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:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to have a pain management program to identify and manage pain in residents and must be complied with. Specifically, registered nursing staff did not comply with the home's policy to complete a pain assessment when resident reported new pain.

A resident sustained a fall. Registered nursing staff did not complete any pain assessments when the resident reported pain.

**Sources:** A Resident's clinical records, home's Pain Management Program policy (LTC-ON-200-05-06) and interview with staff.

### WRITTEN NOTIFICATION: Fall Prevention and Management

NC #008 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).

A resident experienced a fall with injury. A specific device was not applied for the resident at the time of the fall.

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**Sources:** A resident's clinical records and interviews with staff.

## WRITTEN NOTIFICATION: Maintenance services

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 96 (2) (a)**

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

A resident had a specific device as one of their fall prevention interventions. On a specific date, the resident had the device applied, however, it was not functional.

**Sources:** Observation, a resident's clinical records and interview with staff.

## WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #010 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).

Additional Requirement 9.1 of the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes required Additional Precautions be followed in the IPAC program. Specifically, s. 9.1 (f) around the proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal. A Personal Support Worker was observed in a resident's room who was on additional precautions without the required PPEs.

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**Sources:** Observation, IPAC standard for Long-Term Care Homes (Revised September 2023) and interview with the IPAC Lead.

## WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### **Non-compliance with: O. Reg. 246/22, s. 102 (8)**

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

(i) A resident was not offered or assisted with hand hygiene when a RPN placed oral medications onto the resident's hands for administration.

**Sources:** Observation and interviews with staff.

(ii) A RPN did not perform hand hygiene prior to donning a pair of gloves to perform a procedure on a resident. The nurse also did not perform hand hygiene prior to medication administration for the same resident.

**Sources:** Observation and interviews with staff.

(iii) A RPN was observed preparing and administering medications for two residents and did not perform hand hygiene. The nurse also entered several rooms and did not perform hand hygiene.

**Sources:** Observation and interviews with staff.