

**Ministry of Long-Term Care**

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

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

## Public Report

**Report Issue Date:** March 28, 2025

**Inspection Number:** 2025-1392-0002

**Inspection Type:**

Critical Incident

**Licensee:** Regency LTC Operating Limited Partnership, by its general partners, Regency Operator GP Inc. and AgeCare Iris Management Ltd.

**Long Term Care Home and City:** AgeCare Glen Oaks, Oakville

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 20, 21, 24-28, 2025.

The following intake(s) were inspected:

- Intake: #00131805 - CIS #2908-000054-24- Related to prevention of abuse and neglect.
- Intake: #00136334 - CIS #2908-000001-25- Related to prevention of abuse and neglect.
- Intake: #00138124 - CIS #2908-000008-25- Related to resident care and support services.
- Intake: #00136530 - CIS #2908-000004-25- Related to falls prevention and management.
- Intake: #00137299- CIS #2908-000005-25- Related to infection Prevention and Control.
- Intake: #00138403 -CIS #2908-000009-25- Related to infection Prevention and Control.
- Intake: #00140837 -CIS #2908-000011-25 -Related to infection Prevention and Control.

The following intake(s) were completed in this inspection:

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- Intake: #00138910- CIS 2908-000010-25 - Related to falls prevention and management.

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

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

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Windows

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

**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters.

The licensee has failed to ensure that every window on the specified home area that opened to the outdoors and was accessible to residents had screens.

**Sources:** Observations on specified home area on the identified date; interview with Director of Care (DOC).

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: O. Reg. 246/22, s. 29 (3) 19.**

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:

19. Safety risks.

The licensee has failed to ensure that plan of care was based on an interdisciplinary assessment of the resident's safety risks with respect to the use of the specified chair. On an identified date, the resident fell out of the specified chair and sustained injuries.

**Sources:** Resident's progress notes, assessments, care plan, and an interview with DOC.

**WRITTEN NOTIFICATION: Transferring and positioning techniques**

NC #003 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.

The licensee has failed to ensure that staff used safe positioning techniques when assisting the resident.

On an identified date, staff transferred the resident out of the bed to the specified chair and transported them. The home's care staff guide stated that staff were not to transport the residents on the specified chair.

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On the same day, staff attempted to remove the basin from underneath the tilted chair, jerked the chair tilting it forward causing the resident to fall out of the chair resulting in injuries.

**Sources:** LTC Care Staff Guide LTC-ON-200-10.1; resident's progress notes, assessments, care plan, the home's investigation notes ; interview with staff and DOC.

## **WRITTEN NOTIFICATION: Housekeeping**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee has failed to ensure that housekeeping procedures were implemented for cleaning and disinfecting the shower chair, a resident care equipment, located in the shower room on one of the specified neighborhood on an identified date.

**Sources:** Observation of shower chair and interviews with staff.

## **COMPLIANCE ORDER CO #001 Duty of licensee to comply with plan**

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NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 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 inspector is ordering the licensee to comply with a Compliance Order  
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

-Review resident #001's plan of care related to bathing assistance with all Personal Support Workers (PSW's) that work on specified home Area. The home shall keep a record of this review, the dates and the signatures of attendees.

-Complete and maintain a record of weekly audits to ensure that resident #001's plan of care is followed for bathing. Audits shall continue until the compliance due date.

-Maintain a record of any remedial actions taken if any discrepancies are noted in the audits.

-Complete an audit by a designated registered staff on day and evening shifts for the next 7 days from the report date to ensure that resident #002 has the chair alarm in place while in wheelchair. The home shall keep records of the audit including the name of staff completing the audit, date and time.

-Complete an audit by a designated registered staff on all shifts for the next 7 days from the report date to ensure that resident #019's walker is within reach at all time as specified in the plan of care. The home shall keep records of the audit including the name of staff completing the audit, date and time.

**Grounds**

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A) The licensee has failed to ensure that care set out in the plan of care for a resident was provided to the resident as specified in the plan.

On an identified date, a falls intervention, specifically the chair alarm was not applied on the resident's chair as indicated in the plan of care.

**Sources:** Observation of resident on the identified date; review of resident's current care plan; interview with registered staff.

B) The licensee failed to ensure that on an identified date, staff bathed a resident with one person assistance. The resident required two staff total care for bathing. Failure to assist the resident by two staff resulted in injuries that required sutures and staples.

There was a significant impact as the resident required medication to treat pain and infection to their skin.

**Sources:** Resident's progress notes, assessments, care plan, the Home's Investigation Notes ; interview with staff and a DOC.

C) The licensee has failed to ensure that the care set out in a resident's plan of care was provided to the resident as specified in the plan, when the resident did not have their walker within reach at the time of their fall on a specified date in November, 2024.

**Sources:** Resident clinical records; written complaint email; and interview with the DOC.

**This order must be complied with by May 12, 2025**

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**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$2200.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

**Compliance History:**

2 WNs and 1 CO (HP) and 1 CO were issued in the past 36 months to this specific legislative reference, so compliance history is existing.

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.

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Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.



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**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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
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438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).