

**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:** August 22, 2025

**Inspection Number:** 2025-1392-0005

**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): August 12- 13, 15, 18- 22, 2025

The following intake(s) were inspected:

- Intake: #00151658 -Critical Incident(CI) # 2908-000025-25 - related to Falls Prevention and Management
- Intake: #00152236 -Critical Incident(CI) # 2908-000028-25 - related to Infection Prevention and Control
- Intake: #00152622 - Critical Incident(CI) # 2025-0000077/2908-000029-25 - related to Food, Nutrition and Hydration

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

Food, Nutrition and Hydration  
Infection Prevention and Control  
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 (4) (a)**

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Plan of care

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

The licensee has failed to ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

A newly admitted resident required an assessment from a registered staff member from their integrated care team but due to lack of collaboration, the referral was not initiated and the assessment was delayed by several weeks.

**Sources:** Resident's records, Screening and Assessment Policy, Move-in Process Policy and interview with staff.

## WRITTEN NOTIFICATION: Plan of care

NC #002 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 the care set out in the plan of care was provided to the resident as specified in the plan.

A resident with dietary restriction was provided with food that did not align with their dietary needs and per their plan of care. The resident required further evaluation and treatment to prevent further decline.

**Sources:** Resident 's records, CI #2908-000029-25 and interview with staff.

## WRITTEN NOTIFICATION: 24-hour admission care plan

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

**Non-compliance with: O. Reg. 246/22, s. 27 (2) 6.**

24-hour admission care plan

s. 27 (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

6. Known health conditions, including allergies, adverse drug reactions and other conditions of which the licensee should be aware upon admission, including interventions.

The licensee has failed to ensure that the care plan for a resident included their known health conditions upon admission including interventions to manage those conditions.

The identified health conditions were added outside the admission timelines and requirements.

**Sources:** Resident 's records and interview with staff.

## **WRITTEN NOTIFICATION: Safe storage of drugs**

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

**Non-compliance with: O. Reg. 246/22, s. 138 (1) (a)**

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

- (a) drugs are stored in an area or a medication cart,
  - (i) that is used exclusively for drugs and drug-related supplies,
  - (ii) that is secure and locked,
  - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
  - (iv) that complies with manufacturer's instructions for the storage of the drugs; and

The licensee has failed to ensure that drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies when resident's prescribed medication was stored and found in the treatment cart in place of the designated medication cart.

**Sources:** Resident 's records and interview with staff.

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## COMPLIANCE ORDER CO #001 Emergency plans

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. vi.**

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,  
vi. medical emergencies,

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

The licensee shall:

1. Develop and implement a process for ensuring that all nursing personnel including, personal support workers and registered staff working in AgeCare Glen Oaks LTC, are trained in-person on the emergency plan relating to medical emergencies, specifically related to code blue and specific medical condition
2. Maintain a written record of the training including the content of the education, the date the training took place, the staff member(s) who received the education, and the staff member(s) who provided the education.
3. For a period of two weeks following the service of this report, complete and maintain a record of audits for specific staff once daily to ensure that they are following plan of care for assigned residents. Maintain a record of these audits.
4. Conduct an audit to ensure that medication for the specified resident is stored in the designated area in the medication cart and is readily available to the staff once each shift for a period of two weeks following the service of this report. Maintain a record of these audits.

### Grounds

The licensee has failed to ensure that the emergency plan for medical emergencies was followed.

According to Ontario Regulation (O. Reg.) 246/22, s.268 (15),

“emergency” meant an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home.

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## Rationale and Summary

In accordance with O. Reg. 246/22 s. 11 (1) b, the licensee was required to ensure that where the Act or the Regulation required the licensee of a long-term care home to have, or put in place a plan, that the plan was complied with.

Specifically, the licensee did not ensure that the home's "Code Blue-Medical Emergency" plan was followed, which stated that a code blue was to be initiated by staff in the event a resident was exposed to a life threatening situation.

On a day in July 2025, the resident experienced a medical emergency. The registered staff attempted to find resident's prescribed medication but were unable to find it in the medication cart. The staff did not initiate Code blue, instead called the physician on-call to obtain transfer orders. The physician advised immediate transfer to the hospital, and the resident was transported.

Assistant Director of Care (ADOC) confirmed that code blue should have been initiated and acknowledged a delay in implementing the home's emergency protocol, including a delay in contacting 911 emergency services.

As outlined in the home's Code Blue-Medical Emergency policy, all available staff would respond immediately to a Code Blue announcement as directed. The failure to follow this protocol during a life-threatening incident placed the resident's health and well-being at risk.

**Sources:** Resident's records, Specific medication policies, Policy on Code Blue-Medical Emergency and interview with staff.

**This order must be complied with by** October 2, 2025

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## **REVIEW/APEAL 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)

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

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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

**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)

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).