

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 6, 2026

**Inspection Number:** 2026-1392-0001

**Inspection Type:**  
Proactive Compliance Inspection

**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): February 19, 20, 23, 25 - 27, 2026 and March 2 - 6, 2026.

The following intake(s) were inspected:  
-Intake: #00170859 - Proactive Compliance Inspection.

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

Contenance Care  
Infection Prevention and Control  
Restraints/Personal Assistance Services Devices (PASD) Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Contenance care and bowel management

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

**Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)**

Contenance care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of

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care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

A resident had an individualized plan of care in place to promote and manage bladder continence based on the completed assessment. However, the plan was not implemented, as an intervention, which was required to be changed monthly, was not changed during a certain month.

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

### **WRITTEN NOTIFICATION: Infection prevention and control program**

NC #002 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).

On a particular date, a resident's door had signage posted for additional contact precautions in place. A staff member was noted feeding the resident in their room. No personal protective equipment (PPE), except mask, was worn during this interaction. No hand hygiene was also performed upon entry to the resident's room.

**Sources:** Observation, the home's PPE policy, and staff interviews.

### **COMPLIANCE ORDER CO #001 Infection prevention and control program**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)**

Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on

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requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

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

The licensee shall:

1. Provide education to all staff responsible for outbreak management, including but not limited to the IPAC Lead, on-call managers, and registered staff during evenings, weekends, and statutory holidays, to reinforce the requirement to notify Public Health when reporting thresholds are met.
2. Maintain a documented record of the education provided, which must include the name and role of the person providing the education, the date(s) the education was provided, the names of staff who attended the training, and the content of the education provided.

**Grounds**

The home's outbreak management policy indicated that Public Health must be notified when two or more residents present with symptoms of an infectious illness within a 48-hour period, including weekends.

This protocol was not followed on a certain date, when four residents presented with symptoms within a 48-hour period in a home area, and Public Health was not notified until later, as required with the home's policy and outbreak reporting requirements. Two out of the four residents were also hospitalized on the same day of developing new symptoms. Two days after, the outbreak was expanded to the entire facility affecting all home areas.

IPAC Lead acknowledged that on-time reporting to public health may have prevented the spread of the infectious disease throughout the facility in collaboration with public health's guidance.

Late reporting of the identified resident cases presenting respiratory illness to the public health unit may have contributed to a delay in assessing the severity of the disease and implementation of public health guidance to reduce further spread throughout the facility.

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**Sources:** Line list for outbreak, Outbreak Management Policy, and interview with IPAC Lead.

**This order must be complied with by** June 1, 2026

## COMPLIANCE ORDER CO #002 CMOH and MOH

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 272**

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

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

The licensee shall:

1. Ensure environmental cleaning audits are completed at a minimum of two times per month in accordance with the home's IPAC Audit Program Policy.
2. Ensure environmental surface testing audits are completed at a minimum of once per week in accordance with the frequency outlined in the home's IPAC Audit Program Policy.
3. Ensure PPE audits are completed at a minimum of 10 PPE audits per week across all shifts for residents on additional precautions in accordance with the home's IPAC Audit Program Policy.
4. When the home or a resident home area is in outbreak, ensure IPAC audits including but not limited to PPE audits, environmental cleaning and surface testing audits are completed in accordance with the outbreak audit frequencies outlined in the home's IPAC Audit Program Policy.
5. Maintain records of all IPAC and environmental audits, including documentation of the date of the audit, location or resident home area where the audit occurred, name and role of the staff member(s) completing the audit, observations made and findings identified, corrective actions implemented where gaps were identified, and make them available to an inspector upon request.

**Grounds**

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The home's "IPAC Program Audit" policy indicated that the following audits must be completed weekly in outbreak neighbourhoods:

- Twenty (20) Personal Protective Equipment (PPE) audits
- One (1) Environmental Cleaning and Disinfecting audit
- A minimum of two (2) Environmental Surface Testing audits

A respiratory outbreak was declared in one home area on a certain date, and the outbreak was expanded to include the entire facility two days later. The outbreak continued for 30 days.

During the outbreak period, the required PPE audits, Environmental Cleaning and Disinfecting audits, and Environmental Surface Testing audits were not completed in the outbreak areas in accordance with the home's policy and Ministry guidance. IPAC Lead confirmed awareness of the required audit frequencies and acknowledged that the home did not conduct weekly PPE and environmental audits as required during the outbreak period.

Not following the home's IPAC Program Audit Policy may have increased the risk of transmission and contributed to the spread of the outbreak within the facility.

**Sources:** Review of IPAC audits, Outbreak resolution debrief documentation, home's IPAC Audit Program Policy and interview with IPAC Lead.

**This order must be complied with by June 1, 2026**

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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)

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  
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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).