

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: March 26, 2025

Inspection Number: 2025-1365-0002

Inspection Type:

Critical Incident

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 West Williams, Kitchener

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 12-14, 18-21, 24-26, 2025

The following intake(s) were inspected:

- Intake: #00140314 related to a disease outbreak
- Intake: #00141133 related to a proactive compliance inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect

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Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 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 failed to ensure interventions outlined in a resident's plan of care was implemented related to alternations to their skin.

Sources: review of a resident's clinical record, interview with staff.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee failed to ensure that the home was maintained at a minimum

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temperature of 22 degrees Celsius (C).

Sources: interview with staff and air temperature and humidex monitoring records

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (2) 2.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.

The licensee failed to record one resident common area air temperature on every floor of the home at the required times.

Sources: interview with staff and air temperature and humidex monitoring records

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under

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paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

A) The licensee failed to ensure that the program evaluation for skin and wound included all required items. The date the evaluation was completed and the date when any of the changes identified were implemented were not identified.

B) The licensee failed to ensure that the program evaluation for pain included all required elements. The date the evaluation was completed, the names of the participants and the date when any of the changes identified were implemented were not identified.

Sources: Program Evaluation excel spreadsheet 2024, interview with Executive Director (ED)

WRITTEN NOTIFICATION: Nursing and personal support services

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

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The license failed to document the date of the evaluation, the names of the persons who participated in the evaluation, and the date any changes were made for the home's 2024 staffing plan evaluation.

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Sources: Nursing and Personal Care Evaluation document, interview with Co Director of Care #101

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee failed to provide safe feeding techniques to a resident when staff were observed standing to provide fluids to the resident who had been identified as a risk for choking.

Sources: review of a resident clinical record, interviews with staff

WRITTEN NOTIFICATION: Housekeeping

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

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

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

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practices:

(iii) contact surfaces;

Public Health Ontario (PHO) Provincial Infectious Diseases Advisory Committee (PIDAC), Best Practices for Environmental Cleaning for Prevention and Control of Infections in Health Care Settings, 3rd edition, revised April 2018, section 6.2.2 recommends all chemical cleaning agents and disinfectants should be appropriately labelled.

Chemical cleaning agent bottles were found not to be labelled correctly.

Sources: Observation of cleaners, interviews with staff, and Public Health Ontario (PHO) Provincial Infectious Diseases Advisory Committee (PIDAC), Best Practices for Environmental Cleaning for Prevention and Control of Infections in Health Care Settings, 3rd edition, revised April 2018.

WRITTEN NOTIFICATION: Housekeeping

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

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,

(d) addressing incidents of lingering offensive odours.

Lingering offensive odours were present in a certain part of the home.

Sources: observation of resident shower room and interviews with staff.

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WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #009 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).

The licensee has failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC) was implemented. Specifically, the licensee has failed to ensure that, in accordance with the IPAC Standard, revised September 2023, section 9.1 (f), staff followed the additional personal protective equipment (PPE) requirements, including the appropriate selection of PPE.

Staff were observed without donning correct personal protective equipment to enter a resident room. The resident was on infectious disease precautions.

Source: IPAC Standard for Long-Term Care Homes - April 2022, Revised Sept 2023, observations of staff, interviews 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 (9) (a)

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Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee failed to ensure that when symptoms of infection were recorded for residents, they were monitored each shift in accordance with any standard or protocol issued by the Director.

Sources: interview with staff, review of resident clinical records.

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 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee failed to ensure that when symptoms of infection were recorded for a resident action was taken and the resident was isolated.

Sources: review of clinical records and interview with staff

WRITTEN NOTIFICATION: Administration of drugs

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 140 (3) (b) (ii)

Administration of drugs

s. 140 (3) Subject to subsections (4) and (6), the licensee shall ensure that no person administers a drug to a resident in the home unless,

(b) where the administration does not involve the performance of a controlled act under subsection 27 (2) of the Regulated Health Professions Act, 1991, the person is,

(ii) a personal support worker who has received training in the administration of drugs in accordance with written policies and protocols developed under subsection 123 (2), who, in the reasonable opinion of the licensee, has the appropriate skills, knowledge and experience to administer drugs in a long-term care home, who has been assigned to perform the administration by a member of the registered nursing staff of the long-term care home and is under the supervision of that member in accordance with any practice standards and guidelines issued by the College of Nurses of Ontario, and who,

(A) meets the requirements set out in subsection 52 (1) or who is described in subsection 52 (2), or

(B) is an internationally trained nurse who is working as a personal support worker.
O. Reg. 66/23, s. 28 (1). Or

The licensee failed to ensure that staff followed the home's policy and procedures related to medication was administered when a Personal Support Worker (PSW) administered medication to a resident.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee's policy for medication administration said that only registered staff, physicians and dentists were permitted to administer medications to residents.

Sources: policy Medication Administration, LTC-ON- 200-06-04, revised June 2024, interview with staff.

WRITTEN NOTIFICATION: Administration of Drugs

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NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (8)

Administration of drugs

s. 140 (8) The licensee shall ensure that no resident who may administer a drug to themselves under subsection (6) keeps the drug on their person or in their room except,

(a) as authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident; and

(b) in accordance with any conditions that are imposed by the physician, the registered nurse in the extended class or other prescriber. O. Reg. 246/22, s. 140 (8); O. Reg. 66/23, s. 28 (3).

The licensee failed to ensure that a resident had been authorized to keep medications in their room.

A resident was observed to have unsecured medication on a table in their room.

Sources: Policy: Self Administration of Medications and Treatments, LTC-ON-200-06-05, revised June 2024

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (3) (a) (i)

Medication incidents and adverse drug reactions

s. 147 (3) Every licensee shall ensure that,

(a) a quarterly review is undertaken of all medication incidents, incidents of severe hypoglycemia, incidents of unresponsive hypoglycemia, adverse drug reactions and every use of glucagon that have occurred in the home since the time of the last

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review in order to,

- (i) reduce and prevent medication incidents and adverse drug reactions,

The licensee failed to ensure that all medication incidents and adverse drug reactions were reviewed quarterly to reduce and prevent further incidence.

Sources: September 25, 2024, Medication Error Review and Professional Advisory Committee minutes, interviews with staff.

COMPLIANCE ORDER CO #001 Compliance with manufacturers' instructions

NC #015 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 26 [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to: The plan must include, but is not limited to:

1. Who, with an understanding of environmental services and practices, will be designated to review and amend the existing policy and procedures for the

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cleaning and disinfection of resident tubs, and/or develop any that are required, in accordance with the manufacturer's instructions.

2. Who, with an understanding of adult education principles, will ensure that all applicable staff who are required to follow the housekeeping policies and procedures for cleaning and disinfecting the resident tubs will receive education and/or training with respect to the amended and newly developed housekeeping policies and procedures; and

•

How the education and/or training will be provided; and

•

How the education and/or training will be tracked to determine who has or has not received and completed the education and/or training, and when; and

•

How, when, and at what intervals staff will be evaluated to ensure that they continue to follow the policies procedures within the education and/or training.

1. Where the revised procedures will be displayed for the applicable staff's review and reference.

4.

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Provide actions to address sustainability once the home has been successful in ensuring compliance with this policy

Please submit the written plan for achieving the compliance for inspection #2025-1365-0002 by April 14, 2025.

Grounds

The licensee failed to ensure that staff use all equipment in the home in accordance with the manufacturer's instructions related to tub cleaning procedures.

Sources

: observations of four resident tubs, interviews with staff, review of the RS8 "Geneva" (Height Adjustable) Operating and Disinfectant Procedures and posted tub cleaning and disinfecting process.

This order must be complied with by

May 6, 2025

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COMPLIANCE ORDER CO #002 Housekeeping

NC #016 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (ii)

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,

(a) cleaning of the home, including,

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(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 93 (2) (a) (ii) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

1) Who, with an understanding of infection prevention and control (IPAC) practices, will be designated to review and amend the existing policy and procedures for the cleaning and disinfection of resident shower and tub rooms, and/or develop any that are required, in accordance with the IPAC Standard for Long-Term Care Homes, Revised 2023, and are developed and or revised in accordance with, but not limited to, the following document:

-

Best Practices for Environmental Cleaning for Infection Prevention and Control, 3rd Edition, 2018

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2) Who, with an understanding of adult education principles, will ensure that all applicable staff who are required to follow the housekeeping policies and procedures for cleaning and disinfecting the resident tubs and shower areas, will receive education and/or training with respect to the amended and newly developed housekeeping policies and procedures; and;

- How the education and/or training will be provided; and
- How the education and/or training will be tracked to determine who has or has not received and completed the education and/or training, and when; and
- How, when, and at what intervals staff will be evaluated to ensure that they continue to follow the policies procedures within the education and/or training.

3) Where the revised procedures will be displayed for the applicable staff's review and reference.

4) Provide actions to address sustainability once the home has been successful in ensuring compliance with this policy.

Please submit the written plan for achieving the compliance for inspection #2025-1365-0002 by April 14, 2025.

Grounds

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The licensee has failed to ensure that as part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are implemented for the cleaning of the home, specifically the common areas such as shower and tub rooms.

Observations of various tub and shower rooms in the home found areas of concern related to cleaning.

Source:

observations of tub and shower rooms, interviews with staff.

This order must be complied with by

May 6, 2025

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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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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, 9th Floor

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Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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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.