

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: July 23, 2025

Inspection Number: 2025-1365-0003

Inspection Type:

Complaint
Critical Incident
Follow up

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): July 14-18, 22-23, 2025

The following intake(s) were inspected:

- Intake: #00143426 -Follow-up #: 1 - O. Reg. 246/22 - s. 26
- Intake: #00143427 - Follow-up #: 1 - O. Reg. 246/22 - s. 93 (2) (a) (ii)
- Intake: #00146471 - falls prevention and management
- Intake: #00148217 - infection prevention and control
- Intake: #00148738 - prevention of abuse and neglect
- Intake: #00148813 - complaint related to alleged improper care of a resident
- Intake: #00151716 -prevention of abuse and neglect

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

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Order #001 from Inspection #2025-1365-0002 related to O. Reg. 246/22, s. 26

Order #002 from Inspection #2025-1365-0002 related to O. Reg. 246/22, s. 93 (2)

(a) (ii)

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Pain Management
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee failed to protect a resident from emotional abuse.

In accordance with O. Reg. 246/22 s. 2, "emotional abuse" means: any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or

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infantilization that are performed by anyone other than a resident.

Sources: Critical Incident (CI), investigation notes, interview with resident and staff.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #002 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 license failed to ensure staff used safe transferring techniques when they transferred a resident resulting in an injury.

Sources: resident clinical record, Critical Incident (CI), and investigation notes, interview with staff.

WRITTEN NOTIFICATION: Falls prevention and management

NC #003 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.

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246/22, s. 54 (1).

The home failed to ensure that strategies were used to mitigate falls in residents.

Sources: interview with staff, review of clinical records of a resident, Resident Falls Prevention Program Policy, LTC-ON-200-05-03, revised July 2024

WRITTEN NOTIFICATION: Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The home failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

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

COMPLIANCE ORDER CO #001 Pain management

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

Non-compliance with: O. Reg. 246/22, s. 57 (1) 2.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

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2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

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

The plan must include but is not limited to:

The licensee shall prepare, submit and implement a plan to ensure staff are following Regulation 246/22 57. (1) (2) strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.

The plan must include but is not limited to:

- a) The pain management program and policy review related to responding to pain measures that are ineffective for a resident, clear direction of assessments to be completed, when to be completed and actions to be taken must, at a minimum, provide for the following:
- b) Who, with an understanding of pain management program will be designated to review and amend the existing policy and procedures related to pain management of resident based on best practice guidelines.
- c) The format of policy retraining involved, including who will be responsible for the retraining and who will be retrained and when it will be completed.
- d) The person(s) responsible for monitoring that the policy is being complied with, the frequency of monitoring and how it will be documented.
- e) The person(s) responsible for implementing an action plan if monitoring demonstrates the policy is not complied with; and
- f) Actions to address sustainability once the home has been successful in ensuring compliance with this policy.

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Grounds

The licensee has failed to provide strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids when a resident experienced pain.

Sources: resident record review, interviews with staff, Pain Management Policy, LTC-ON-200-05-06, revised July 2024

This order must be complied with by September 12, 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

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e-mail: 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

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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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Ministry of Long-Term Care
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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.