Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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: February 26, 2026

Inspection Number: 2026-1365-0001

Inspection Type:
Complaint
Critical Incident

Licensee: Regency LTC Operating Limited Partnership, by it 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): January 27-30, February 2-6, 10-13 and 20, 2026.

The inspection occurred offsite on the following date(s): January 31 and February 17-19, 2026.

The following intake(s) were inspected:

-Intakes: #00164079 and #00164098, complaints related to staffing, care and care standards,

-Intakes: #00164629, #00164677, #00167222 and #00169002, related to allegations of abuse and neglect,

-Intake: #00164871, related to allegations of abuse and neglect and falls prevention management,

-Intake: #00166982, related to falls prevention management,

-Intake: #00167300, related to infection prevention and control,

-Intake: #00167469, related to resident care and support services.

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Staffing, Training and Care Standards
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bills of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 2.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
2. Every resident has the right to have their lifestyle and choices respected.

A resident's choices were not respected when they asked a Co-DOC to not have a PSW come to their room to provide them care following their complaint of allegation of neglect. The PSW stated they were told to not provide care to the resident but went back to the resident's room at a later time. The resident was upset when the PSW came back to their room twice.

Sources: Interviews with resident, PSW and a Co-DOC.

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan

of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

A) When a resident was admitted, they were assessed for pain in their upper body. Their pain location was not documented in their plan of care, so when the resident developed pain in their extremities, staff were unable to identify if this was new or ongoing pain.

Sources: Resident's care plan and progress notes and interview with resident.

B) A resident had an assessment completed indicating they required a sit to stand for transfers. This was not reflected in the resident's care plan until six weeks later.

The resident came back from the hospital with their extremity immobilized. No tasks were added into the resident's care plan for monitoring the resident's immobility device until a week later.

Sources: Interviews with RPN and a Co-DOC and record review of resident's clinical records.

WRITTEN NOTIFICATION: Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (c)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(c) care set out in the plan has not been effective.

Staff had not initiated new fall/injury prevention strategies for a resident when current strategies were not effective to prevent falls.

A resident had two falls, no injury sustained. Their plan of care was not updated with new fall prevention strategies. Two days following the second fall, the resident fell and sustained an injury and required hospitalization.

Sources: Scott Fall risk, Post fall assessment and analysis, plan of care, interviews with

Co-DOCs

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 1.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

A resident was injured during care by two PSWs. This was not reported to the Director until three weeks later.

Sources: Interview with PSWs and RPN, and record review of the home's investigation notes, December 2025 schedule, and CIS report

WRITTEN NOTIFICATION: Initial Plan of Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 28 (1) (b)
Initial plan of care
s. 28 (1) Every licensee of a long-term care home shall ensure that,
(b) the initial plan of care is developed within 21 days of the admission.

A resident was admitted to the home and a skin risk assessment identified a moderate risk for developing skin tear/ulcers. No interventions were documented to mitigate the risk of pressure injuries and skin alterations. Furthermore a Personal Assistive Service Device (PASD) was documented in the care plan, the device was not specified and no interventions were initiated.

Sources: Resident's clinical records and interview with a Co-DOC

WRITTEN NOTIFICATION: General requirements

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (2)
General requirements
s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

A) Over a 12 week period, a resident received bed baths and had their hair washed in the shower room twice per week because they refused their showers. Staff did not document the hair wash and bed baths. A PSW stated that their Point of Care (POC) documentation system does not provide a space to document bed bath and hair washes.

Sources: Observation of the resident, medical record review of the resident, interview with the resident, PSW and Co-DOCs.

B) A resident was scheduled for two showers per week. Over a 12 week period, the resident consistently received one shower per week. There was no documentation to indicate that the resident received an alternative such as a bed bath instead.

Source: Review of the resident's medical records, interview with PSW and Co-DOCs.

C) A resident was scheduled to receive a shower on Wednesdays and Sundays. Over a 12 week period the resident refused their showers on multiple occasions. A PSW stated that their Point of Care (POC) documentation system does not provide a space to document bed bath and hair washes.

Sources: A resident's medical record review, interview with PSW and Co-DOCs.

WRITTEN NOTIFICATION: Bathing

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 37 (1)
Bathing
s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more

frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

A resident's preferred method of bathing was tub bath. Over a 12 week period they were offered shower instead since they required a new bariatric bath chair. The resident refused to shower twice per week because that that was not their preferred method of bathing.

Sources: Observation of the resident, medical record review of the resident, interview with the resident, Personal Support Worker and a Co-DOC.

WRITTEN NOTIFICATION: Required Programs

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

Staff did not implement the home's pain management procedures for a resident post fall.

The home's program for pain management, included procedures to be followed when "as needed" (prn) medication was used.

In accordance with O. Reg. 246/22 s. 11(1) b, staff did not follow the home's procedures which directed staff to reassess the pain and try alternatives including non pharmacologic interventions and if these were ineffective, staff were to notify the physician to discussion other options or possibly referrals as required.

Staff were notified a resident fell and the resident was assessed to have severe pain and being unable to move their extremity. The resident was provided prn analgesia approximately an hour later. This was documented as ineffective and the physician was not contacted.

Sources: eMAR, progress notes, CHA Pain Assessment, interview with a Co-DOC and staff

WRITTEN NOTIFICATION: Housekeeping

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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,
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

An inspector observed hardened feces on the wall on a secured home area. This was left from approximately the prior evening without being cleaned, putting residents at risk of contamination.

Sources: Observations of secured home area, interviews with RN and a Co-DOC, and record review of resident ’s progress notes

WRITTEN NOTIFICATION: Dealing With Complaints

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The home did not provided a resident and their family member, a receipt of their verbal complaint to a Co-Director of Care related to alleged neglect, or a response that

complies with paragraph 3 provided within 10 business days of the receipt of the complaint.

Sources: CIS report, written statement of Co-DOC and interviews with a resident and the Administrator.

COMPLIANCE ORDER CO #001 Duty to protect

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 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:

Please submit the written plan for achieving compliance for inspection #2026-1365-0001 to JanetM Evans (659), LTC Homes Inspector, MLTC, by email to centralwestdistrict.mltc@ontario.ca by March 16, 2026
Please ensure that the submitted written plan does not contain any PI/PHI.

The plan shall include but is not limited to:

a) How the home will ensure that front line staff will recognize allegations of abuse and neglect and know when and how to report. How the home will ensure that staff who are responsible for investigations of abuse, neglect and improper care as well as handling of both verbal and written complaints meet the legislative requirements.

b) How the home will ensure that all staff respect resident rights and choices and how and where to document when made aware.

c) How the home will ensure that staff are following both the pain and skin and wound policies as it relates to assessments, risks and, identify any changes in the care plans. How the home will be able to monitor these changes and if they were not, identify what should have been done differently and what actions were taken to prevent further

reoccurrences

Grounds

In accordance with O. Reg. 246/22, s. 7, “neglect” means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

A) A resident was left in an assistive device, without a call bell, for a long period of time after they were denied to be transferred, causing the resident harm. This was reported to an RN and no follow-up, documentation, skin or pain assessments were found.

In a second incident, a resident stated they were improperly transferred by two PSWs, causing them pain and crying. Later that day, an RPN administered Hydromorphone PRN to the resident and documented a specific area of the pain which was a new pain location for the resident. No documentation, pain assessment or inquiry was completed to find the root cause of the their pain.

A Co-DOC amended the CIS to include an account of the incidents based on an interview of the resident, which contradicted the information obtained by the Inspector's recorded interview with the resident. Subsequently, on the Co-DOC further amended the CIS to indicate that the investigation had been completed and that the allegations of neglect was unfounded.

Sources: A resident's clinical records, home's CIS, home's pain management policy (last reviewed November 2025), interviews with resident and staff members.

B) A resident was injured during care provided by PSWs. The resident was crying out in pain at the time of the incident. The incident was reported to a RPN, but no assessments were completed. The resident was in pain from the time the incident occurred week later, when the first pain assessment was completed. A week after that the resident received an x-ray and was transferred to hospital and assessed to have a fracture.

Sources: Interviews with PSWs, RPN and a Co-DOC, review of resident’s clinical records, the home’s investigation notes for the CIS and the Pain Management Program

Policy, LTC-ON-200-05-06.

This order must be complied with by April 30, 2026

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 $11000.00, 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:

-CO (high priority) issued September 24, 2025 inspection #2025-1365-0004
-WN issued July 23, 2025, inspection #2025-1365-0003
-WN issued November 27, 2024, inspection #2024-1365-0004
-WN issued July 9, 2024, inspection #2024-1365-0002
-CO (HP) issued December 4, 2023, inspection #2023-1365-0009
-CO (HP) issued September 26, 2023, inspection #2023-1365-0008

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

this requirement.

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.

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

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
Toronto, ON, M5S 1S4

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

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.