

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: February 24, 2025

Inspection Number: 2025-1373-0001

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 Woodhaven, Markham

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 18, 19, 20, and 24, 2025. The inspection occurred offsite on the following date(s): February 21, 2025.

The following intake(s) were inspected:

- An intake related to an incident of staff to resident neglect.
- An intake related to improper/incompetent treatment of a resident.

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

- Resident Care and Support Services
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Reporting and Complaints
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

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:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

An incident occurred involving staff to resident neglect and was reported to the Director a day after the incident.

The Director of Care (DOC) confirmed that the allegation of neglect involving the resident should have been immediately reported to Director.

Sources: Policies, Critical Incident Report (CIR), and interviews with Registered Staff and DOC.

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

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transferring and positioning devices or techniques when assisting residents.

The licensee failed to ensure that a Personal Support Worker (PSW) utilized a safe transferring and/or positioning technique when assisting a resident on a specific date. The PSW did not follow the instructions indicated in the resident's plan of care in relation to transferring and/or positioning, which resulted in the resident sustaining a fall and a subsequent injury.

Sources: Clinical records for a resident, internal investigation notes, and interviews with Registered Staff and the DOC.

WRITTEN NOTIFICATION: Bedtime and rest routines

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

Non-compliance with: O. Reg. 246/22, s. 45

Bedtime and rest routines

s. 45. Every licensee of a long-term care home shall ensure that each resident of the home has the resident's desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

The home failed to ensure that a resident's individualized bedtime and rest routines were followed.

A CIR was submitted for staff to resident neglect. After an internal investigation into the incident, it was determined that the resident was not supported for their rest at their preferred time, according to their care plan.

Sources: Clinical records, internal investigation notes, and interviews with Registered Staff and DOC.

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WRITTEN NOTIFICATION: Falls prevention and management

NC #004 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. 246/22, s. 54 (1).

The licensee failed to comply with the home's falls prevention and management program when a head injury flow sheet for a resident was not completed at the designated intervals, as per the associated tool and the home's policy.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the falls prevention and management program were complied with.

Specifically, the home's falls policy indicated that a head injury routine/neurological assessment will be initiated for 48 hours if suspected head injury or unwitnessed fall.

The home's DOC confirmed that the head injury routine was not completed at all the required intervals.

Sources: Clinical records, internal investigation notes, and interview with the DOC.

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee failed to ensure that when a resident had fallen on a specific date, that the resident was assessed, resulting in a delay in identifying injuries and providing interventions. PSW staff proceeded to assist the resident off the floor prior to assessment from a registered staff member.

Sources: Clinical records for a resident, internal investigation notes, and interviews with a PSW and the DOC.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a resident's altered skin integrity concerns were reassessed on a weekly basis. Initial assessments of the resident's identified altered skin integrity concerns were completed on a specified date, but no further

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reassessments were completed.

Sources: Skin and Wound Assessments for a resident and interviews with Registered Staff.

WRITTEN NOTIFICATION: Continence care and bowel management

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

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

Continence care and bowel management

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

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The licensee failed to ensure that a resident was provided sufficient incontinence products to ensure they remained clean, dry and comfortable.

An incident involving staff to resident neglect occurred, in which they were not provided assistance with continence product changes. This was confirmed during the home's internal investigation and the DOC.

Sources: Internal investigation notes, CIR and interviews with the DOC and Registered Staff.

WRITTEN NOTIFICATION: Food production

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)

Food production

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s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

On a tour of the home, a resident's meal was found on a counter. The items included eggs, bread and yogurt.

A PSW indicated that the practice in the home area was to set aside meals for the resident. The Food and Nutrition Manager (FNM) confirmed that there was no formal process in place when residents request meals outside of the dining service times. The FNM indicated that the food items found on the counter should have been stored in a fridge.

Sources: Observation, Policies and interviews with a PSW and FNM.

WRITTEN NOTIFICATION: Hazardous substances

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 97

Hazardous substances

s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

Two cups of laundry detergent were observed in the activity room on a unit, during a tour of the home.

A Registered Staff confirmed that the laundry detergent should not be opened and placed next to the home's washer and dryer.

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Sources: Observations and interview with Registered Staff.

WRITTEN NOTIFICATION: Hiring staff, accepting volunteers

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 252 (2) (b)

Hiring staff, accepting volunteers

s. 252 (2) The police record check must be,

(b) conducted within six months before the staff member is hired or the volunteer is accepted by the licensee.

The licensee failed to ensure that a police record check was conducted within six months prior to a PSW being hired.

The DOC confirmed that a PSW was hired on a specific date. The home provided a police record check that was conducted outside of the six month timeframe.

Sources: A PSW's police record check and interview with the DOC.

WRITTEN NOTIFICATION: Retention of records

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

Non-compliance with: O. Reg. 246/22, s. 282 1.

Retention of records

s. 282. Every licensee of a long-term care home shall retain the records required under section 281 in accordance with the following:

1. If a staff member ceases to work at the home, the record shall be retained for at least seven years after the staff member ceased to work at the home and, for at least the first year, the record shall be retained at the home.

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The licensee has failed to retain education and training records in the home, for at least a year of a PSW.

A CIR was submitted for staff to resident neglect. A request to review the education and training records for a PSW that was involved in the incident was made to the home. The home's DOC had indicated that the records were not available at the home.

Sources: A PSW's employment records and interview with the DOC.