

**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:** June 26, 2025

**Inspection Number:** 2025-1373-0004

**Inspection Type:**

Complaint  
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): June 19 & 20, 23-26, 2025

The following intake(s) were inspected:

- An intake related to staff to resident physical abuse.
- A complaint related to staff to resident physical abuse.
- A complaint related to staff to resident physical abuse.
- An intake related to neglect of a resident by staff.
- An intake related to neglect of a resident by staff.
- An intake related to resident to resident physical abuse.
- An intake related to resident to resident physical abuse with injury.
- An intake related to the fall of a resident with injury.
- An intake related to resident to resident physical abuse.
- A complaint related to resident responsive behaviours.

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

Continence Care  
Resident Care and Support Services

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Skin and Wound Prevention and Management  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 19 (2) (c)**

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee failed to ensure the home and equipment are maintained in a safe condition and in a good state of repair.

On a specified date the Inspector observed an active leak originating from a pipe on a specified resident home area (RHA). A wet floor sign and waste paper basket collecting water were observed in the middle of the corridor as well as a pool of water and multiple ceiling tiles were observed to have been removed. During a discussion with the Environmental Services Supervisor (ESS) it was explained that a

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plumber had been contacted and would be on site in the late evening hours to make the repair. On a specified date, the repair was observed to have been completed in full.

**Sources:** observations, interview with ESS.

Date Remedy Implemented: June 24, 2025

**WRITTEN NOTIFICATION: Plan of Care**

NC #002 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 that a resident's plan of care was followed.

On a specified day, a personal support worker (PSW) failed to review the resident's care plan prior to providing care, resulting in the resident not receiving care as directed.

**Sources:** clinical records, investigation notes.

**WRITTEN NOTIFICATION: Plan of Care**

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

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

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The licensee failed to ensure the provision of specified care was documented for a resident.

The home submitted a Critical Incident Report (CIR) regarding an incident on a specified date. Specified interventions were not fully completed as clinically indicated.

**Sources:** clinical records, CIR report, interviews with staff.

## WRITTEN NOTIFICATION: Duty to Protect

NC #004 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 abuse by a staff member.

According to legislation, physical abuse is defined as the use of physical force by anyone other than a resident that causes physical injury or pain.

On a specified date, a PSW was observed to engage in a course of action against a resident that constituted physical abuse.

**Sources:** clinical records, investigation notes, interview with DOC.

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## WRITTEN NOTIFICATION: Communication and response system

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

**Non-compliance with: O. Reg. 246/22, s. 20 (b)**

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(b) is on at all times;

The licensee failed to ensure that the home is equipped with a resident-staff communication and response system that is on at all times. On a specified date, an RPN unplugged/disconnected the resident-staff communication and response system console located in a specified resident home area (RHA). The console remained unplugged/disconnected for a specified period of time resulting in a reduction in delivery of call bell notifications directly to the nursing station.

**Sources:** Observation, home's camera footage, home's internal investigation notes, Disciplinary Letter, and interviews with staff.

## WRITTEN NOTIFICATION: General requirements

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

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**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.

The licensee failed to ensure that actions taken with respect to a resident and resident response to the specified intervention, under a specified program were documented.

**Sources:** clinical records, observations, and interviews.

**WRITTEN NOTIFICATION: Falls prevention and management**

NC #007 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).

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The licensee failed to comply with the home's Falls Prevention and Management Program which required the completion of specified assessments at specified intervals.

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.

**Sources:** clinical records, specified policies and procedures, and interviews with staff.

## WRITTEN NOTIFICATION: Responsive Behaviours

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

**Non-compliance with: O. Reg. 246/22, s. 58 (1) 1.**

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.

The licensee failed to ensure that specified assessments and follow ups were completed for a resident, including the analysis of gathered data following a specified event.

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**Sources:** clinical records, CIR, interviews with staff.

## WRITTEN NOTIFICATION: Responsive Behaviours

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee has failed to ensure that, for each resident demonstrating responsive behaviours, strategies were developed and implemented to respond to these behaviours, where possible.

The home submitted a CIR regarding an incident on a specified date following a specified event.

On a specified date, a specified assessment was completed for a resident leading to a set of recommendations. It was reported by staff that the recommendations had not been implemented.

**Sources:** clinical records, CIR, interview with staff.

## WRITTEN NOTIFICATION: Hiring staff, accepting volunteers



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NC #010 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 has failed to ensure that the police record check for a staff member was conducted within six months before the staff member was hired by the licensee. Upon review of the submitted record check, it was observed to fall outside of the required six month period.

**Sources:** human resources file of identified staff.

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Fixing Long-Term Care Act, 2021**

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