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

Public Report

Report Issue Date: September 12, 2025

Inspection Number: 2025-1373-0006

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 Woodhaven, Markham

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 4 and 5, 8-12, 2025

The following intake(s) were inspected:
- An intake related to resident safety.
- An intake related to pest control.
- Four intakes related to a fall with injury.

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Food, Nutrition and Hydration
Safe and Secure Home
Infection Prevention and Control
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. 5
Home to be safe, secure environment
s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee failed to ensure that the fridge containing residents' personal food items in a specific home unit, was kept locked at all times.

During inspection it was identified the residents' fridge of the unit was easily accessible to all residents. The fridge contained various unlabeled food items and beverages. No residents were observed to be attempting to access the unlocked fridge.

Sources: Observations, and interviews with staff.

Date Remedy Implemented: September 11, 2025

WRITTEN NOTIFICATION: General Requirements for Programs

NC #002 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.

The licensee failed to ensure that any actions taken with respect to resident #003 under the Falls Prevention and Management program, the resident’s responses to call bell as part of the intervention was documented.

Resident #003 was assessed as being at high risk for falls, and their plan of care indicated that staff should ensure the call bell is within the resident’s reach as a fall prevention intervention. However, interviews with resident #003 and Personal Support

Worker (PSW) #009 revealed that the resident does not use the call bell for help when getting up from bed. Associate Director of Care (ADOC) #111 could not confirm whether the effectiveness of the call bell as a fall prevention measure has been evaluated and documented for this resident.

Sources: Resident #003's clinical record and interview with resident and staff.

WRITTEN NOTIFICATION: Care Plans and Plans of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 10.
Plan of care
s. 29 (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
10. Health conditions, including allergies, pain, risk of falls and other special needs.

The licensee failed to ensure that resident #008's plan of care was based, at minimum, on resident's other special needs.

Resident #008 had been known by the care team to prefer the use of a comfort item since admission to the Long Term Care Home (LTCH), but this preference was not captured in the resident's plan of care. ADOC #111 acknowledged that resident #008's preference related to the use of the comfort item should have been captured in their plan of care.

Sources: Resident #008's clinical record and interview with staff.

WRITTEN NOTIFICATION: Plan of care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
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,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that resident #009 was reassessed and the plan of

care reviewed and revised when the resident's care needs changed, or care set out in the plan was no longer necessary.

Resident #009 sustained a fall resulting in an injury. The resident's care plan directed the use of fall prevention accessory as a fall intervention. PSW #120 and ADOC #111 indicated that fall prevention accessory was no longer required, and that this change should have been reflected in the resident's care plan. Additionally, the ADOC acknowledged that resident's care needs related to the use of fall prevention accessory required revision.

Sources: Critical Incident Report (CIR), resident #009's clinical records, interviews with staff.

WRITTEN NOTIFICATION: Plan of Care

NC #005 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

The licensee has failed to ensure that the written plan of care for resident #003 set out clear directions in regard to the use of call bell to staff and others who provided direct care to the resident.

Resident #003's Post Fall Assessment and Analysis stated that resident was to be reminded to use the call bell and staff were to ensure the call bell was within reach of the resident. However, the use of the call bell as a fall prevention intervention was not indicated in the resident's written plan of care. The written plan of care lacked clear directions on how the resident was to call for assistance.

Sources: Resident #003's clinical records, and interviews with staff.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #006 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.

The licensee failed to ensure that the Director was immediately notified of an allegation of physical abuse of involving resident #005.

The Registered Practical Nurse (RPN) #121 documented in the progress notes incidents of alleged physical abuse to resident #005 by resident #006. These was reported to Resident Care Coordinator (RCC) on the same day. However, during the interview with the Director of Care (DOC), it was confirmed that the Director was not notified of the alleged physical.

Sources: Resident #005's clinical records, and interviews with staff.

WRITTEN NOTIFICATION: Responsive behaviours

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee failed to ensure that actions taken to respond to the need of resident #006, including assessment, was documented.

A review of resident #006's electronic health records indicated that a Behavioral Supports Ontario – Dementia Observation System (BSO-DOS) was to be completed with the purpose of monitoring their individualized behavior during the time period. When reviewed, multiple sections of the BSO-DOS forms were not charted as required.

Sources: Resident #006's health records, and staff interview with staff.

COMPLIANCE ORDER CO #001 Accommodation services

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

a. Family Rooms in two identified home units: Replace the water damaged sink countertops to ensure that all surfaces are smooth, non-absorbent, and easy to clean.
b. In the identified home unit, second floor: Install the missing baseboard to eliminate gaps and cracks that may harbour pests.
c. The Environmental Services Manager(ESM), in collaboration with the Executive Director (ED) shall develop and implement a regular maintenance monitoring process of the repaired areas to prevent water damage recurrence and pest activity. This process must include a preventative component, such as auditing. Records shall be kept and presented to the Inspector upon request.

Grounds

A complaint was presented to the Director related to pest in the home.

During inspection, it was observed in the Environmental Services Manager's (ESM) presence that in the family rooms of the affected areas, the sink countertops had visible water damaged. Additionally a baseboard was missing underneath the sink in one of these two identified areas.

Damaged, unrepaired and wet areas attract pests and support their survival. Pest attracting conditions can negatively impact resident well-being and quality of life.

Sources: Observations, and interviews with staff.

This order must be complied with by November 3, 2025

COMPLIANCE ORDER CO #002 Housekeeping

NC #009 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,
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

a. In the family room of a specific home unit, third floor: Conduct a deep cleaning of the room, including sink cabinet drawers and compartments to restore it to sanitary condition.
b. The Environmental Services Manager (ESM) in collaboration with the Executive Director (ED), and the Infection Prevention And Control (IPAC) lead shall develop and implement a regular housekeeping schedule that includes inspection and cleaning of hard -to-reach areas (e.g., under/inside cabinets, along baseboards, and corners) for all family rooms in all Resident Home Areas (RHAs). Records shall be kept and presented to the Inspector upon request.
c. Monitor and document housekeeping practices to ensure the identified areas remain clean and sanitary on an ongoing basis. Records shall be kept and presented to the Inspector upon request.
d. Conduct an analysis of the current housekeeping staffing levels, routines and frequency of cleaning to determine an adequate and sufficient scope of housekeeping services to sustain a clean and sanitary environment in all resident home areas.
e. Document the outcome of the analysis and implement any changes identified as necessary. Records shall be kept and presented to the Inspector upon request.

Grounds

The licensee has failed to ensure that as part of the organized program of housekeeping, procedures were implemented for the cleaning of the family room in an identified home unit including floors, furnishings, contact surfaces and wall surfaces.

During a tour with the Environmental Services Manager (ESM), it was identified the sink countertop -first drawer- showed evidence of cockroach droppings. Additionally spider webs, dead insects and debris was noted on the lower corner wall surface. The manager acknowledged the area required cleaning improvement.

Failure to properly clean resident home areas with pest activity poses a risk of increased spread infections, and harm to resident health due to unclean living conditions.

Sources: Observation, the home's housekeeping records, and interview with staff.

This order must be complied with by November 3, 2025

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.