

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: July 16, 2025

Inspection Number: 2025-1370-0004

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 Samac, Oshawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 9-11, 14-16, 2025

The following intake(s) were inspected:

- one intake regarding staff to resident abuse.
- one complaint regarding improper care of a resident.

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

Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

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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.

Non-compliance with: FLTCA, 2021 s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A resident's care plan identified them as a high risk for falls and required a two-person with an assistive device to move. Review of video footage from the home confirmed two staff members picked up the resident from the floor manually and put them into their wheelchair roughly. The staff confirmed a lift was to be used to transfer the resident off the floor as the home has a no lift policy and the resident's care plan. The homes investigation notes confirmed the staff members confirmed they did not follow the homes zero lifting policy or the resident's care plan.

Sources: Video footage provided by the home, review of investigation notes and interview with staff.

WRITTEN NOTIFICATION: Nutritional Care & Hydration Programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (e) (i)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and

Non-compliance with: O. Reg. 246/22 s. 74 2 (e) (i)

The licensee has failed to ensure that the nutritional care and hydration program include weight on admission and monthly thereafter.

Review of a resident's plan of care confirmed admission vitals did not include a weight. Weight

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for the resident was taken for the months of February, March, and April. A staff member confirmed the weight was missed by nursing staff and not the dietician.

Sources: review of the resident's plan of care and conversation with staff.

COMPLIANCE ORDER CO #001 Duty to Protect

NC #003 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 comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. The licensee will provide education on the prevention of abuse and neglect to all direct care staff including nurses and PSW's.
 - a. This education will be provided in person due to the home's compliance history.
 - b. After the education is complete, the licensee will provide a case scenario to staff and staff will decide if they have duty to report or not.
 - c. There will be different scenarios provided to staff. The licensee will keep a record of who was education, the education provided, names of staff participating, and any correction provided during the case scenarios.
 - d. The licensee will keep a record of who was trained and when the training was provided and what corrections were given if any. The licensee will provide this to the inspector upon request.

Grounds

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

The licensee has failed to protect residents from abuse by anyone and failed to ensure that residents are not neglected by the licensee or staff.

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Review of the homes video footage confirmed a resident was found on the floor sitting on their buttock outside their room. Inspector observed a staff member walked past the resident and on three different instances and poked the resident in the middle of the forehead forcefully. The resident is seen pushing the staff members hand away after being poked on their forehead. Another staff was also present and walked by the resident while they were on the floor without offering any assistance to the resident. Both staff members were seen lifting the resident roughly into the wheelchair while one of the staff members poked the resident in the forehead for the last time.

Sources: Video footage provided by the home and interview with staff.

This order must be complied with by September 30, 2025

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 \$5500.00, 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:

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There is one HPCO issued in the last 36 months for the same legislative reference, proving history

This is the first 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.

COMPLIANCE ORDER CO #002 Pain Management

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 57 (1) 3.

Pain management

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

3. Comfort care measures.

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

1. The licensee will provide education to all direct care staff including nurses about pain management.

a. The education will include but not limited to comfort measures and when and how to contact the doctor to increase medication, updating doctors' orders and fulfilling orders in a timely manner.

b. The licensee will keep a record of who was trained, who and when the training was provided and what corrections were. The licensee will provide this to the inspector upon request.

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Grounds

Non-compliance with: O. Reg. 246/22 s. 57 (1) 3

The licensee has failed to ensure that the pain management program must, at a minimum, provide for the following:

3. Comfort care measures.

A resident was deemed palliative and was receiving the palliative protocol for pain management. A sub-cutaneous lock to administer pain medications was ordered by the doctor and was not put in situ until two days later. Staff were administering pain medication by injection until the sub-q was put in. Documentation confirmed the resident was still experiencing pain after being administered pain medication and did not receive comfort care measures until the day before the resident passed.

Sources: review of the resident's plan of care, review of home policies and interview with staff.

This order must be complied with by August 20, 2025

COMPLIANCE ORDER CO #003 Pain Management

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

Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.

Pain management

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

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

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

1. The licensee will provide education to all direct care staff including nurses about palliative care and medication management.

a. The education will include the home's palliative care process of the home including but not

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limited to administering PRN medications and reassessment, what to do when medications are ineffective, and communicating results with the interdisciplinary team.

b. The licensee will keep a record of who was trained and when the training was provided and what corrections were given if any. The licensee will provide this to the inspector upon request.

Grounds

Non-compliance with: O. Reg. 246/22 s. 57 (1) 4

The licensee has failed to ensure that the pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

A resident was deemed palliative. The resident was receiving the palliative protocol for pain management. Review of the medication administration record (MAR) confirmed no reassessment of the resident was completed after PRN narcotic medications were admitted. Staff confirmed no pain assessments were completed for the resident except for admission.

The homes policy "LTC-ON-200-05-06, Pain management" identified one of the goals of pain management is checking the effectiveness of PRN medication and if required registered staff will contact the nurse practitioner and or doctor for further directions and treatment options. The homes policy "LTC-ON-200-05-07, Palliative Care Philosophy" identified the dying right of the resident is to die free of pain.

Sources: review of the resident's plan of care, review of homes policies for palliation and pain management, interview with staff.

This order must be complied with by August 20, 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

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438 University Avenue, 8th Floor
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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.