

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: August 18, 2025

Inspection Number: 2025-1370-0005

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 Samac, Oshawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 11 - 13, 15, 18, 2025.

The inspection occurred offsite on the following date(s): August 14, 2025.

The following intake(s) were inspected:

- An intake and a Critical Incident (CI) related to an allegation of resident-to-resident sexual abuse.
- An intake and a CI related to an allegation of staff-to-resident sexual abuse.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Point of Care Documentation

NC #001 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.

The licensee has failed to ensure the resident provisions of care set out in the plan of care was documented.

Home's policy directed care staff to sign with initials for care given in the space provided on Daily Flowsheets. Alternately, signing on to Point of Care (POC) with their password was considered the electronic signature for POC documentation.

There were shifts where the Personal Support Worker (PSW) documented care in which they were not provided to the resident.

Sources: CIR, the resident's electronic documentation record, home's policy Documentation – General Guidelines #LTC-ON-100-04-03, interviews with the PSW, and an Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Duty to protect

NC #002 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 has failed to protect the resident from abuse by another resident.

Ontario Regulation 246 defined sexual abuse as any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

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On an identified day, the PSW had observed a resident had inappropriately touched another resident. The resident had a different scream and a sad facial expression.

Sources: CIR, the residents' electronic health records, home's internal investigative notes, and staff interviews with the, the Behavioral Supports Ontario (BSO) PSW, the Social Worker, and an ADOC.

An Administrative Monetary Penalty (AMP) is being issued on this written notification 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 Written Notification NC #002

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 an order under s. 155 of the Act.

Compliance History:

The same legislated reference was issued in Workspace 2025-1370-0004 resulted in a High Priority Compliance Order with \$5,500 AMP, Workspace 2023-1370-0003 resulted in a High Priority Compliance Order, and Workspace 2023-1370-0002 resulted in a Written Notification.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

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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.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The home has failed to ensure that the written policy to promote zero tolerance of abuse and neglect of residents was complied with.

1. A review of the home's records indicated that the resident was touched inappropriately by another resident on an identified date. The home's policy on sexual expressions directed the home to hold a meeting to discuss care strategies related to sexual expressions and to complete an Intimacy and Sexual Expressions assessment for the resident that initiated inappropriate sexual expressions. Both the conference and the assessment were not completed for the resident after the occurrence of the incident.

Sources: CIR, the resident's electronic health records, home's policy on Sexual Expressions, and staff interviews with the Social Worker and an ADOC.

2. A review of the home's records indicated that the resident was touched inappropriately by another resident on an identified date. The home's policy on sexual expressions suggested that a behavioral observation intervention

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could be initiated with the purpose of monitoring the resident's behaviors and mitigating the risk to other residents. As per the resident's health records, the identified intervention was implemented but there were few hours where their behaviors were not documented.

Sources: CIR, home's internal investigative notes, the resident's behavioral intervention documentation form, and staff interviews with the BSO PSW, and the ADOC.

3. A review of the home's records indicated that the resident was touched inappropriately by another resident on an identified date. The home's policy on sexual expressions directed staff to assess and document the resident's emotional status after an occurrence of an incident. As per the resident's health records, a behavioral observation intervention was initiated but there were multiple days where their behaviors were not charted.

Sources: CIR, home's internal investigative notes, the resident's behavioral intervention documentation forms, and staff interviews with the BSO PSW, and an ADOC.

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

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