

**Ministry of Long-Term Care**

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

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## Public Report

**Report Issue Date:** May 21, 2025

**Inspection Number:** 2025-1423-0002

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Iris L.P., by its general partners, Iris GP Inc. and AgeCare Iris Management Ltd.

**Long Term Care Home and City:** AgeCare Royal Oak, Kingsville

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 13, 14, 15, 16, 20, 21, 2025

The following intake(s) were inspected:

- Intake: #00146949 - Proactive Compliance Inspection - 2025

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

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Medication Management  
Food, Nutrition and Hydration  
Residents' and Family Councils  
Safe and Secure Home  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Staffing, Training and Care Standards  
Quality Improvement

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Residents' Rights and Choices  
Pain 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. 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 has failed to ensure that the care set out in the plan of care was provided to resident #005 when the resident was not offered their meal according to their care plan.

During a follow up observation resident was served breakfast and lunch meals according to their care planned diet order.

Sources: review of resident care plan and observations of meal service

Date Remedy Implemented: May 15, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

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**Non-compliance with: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that all resident accessible windows in the home had screens in place.

On May 13, 2025, during the initial tour of the home inspector observed multiple resident bedroom windows, recreation rooms and family dining room on all five units were missing screens on the windows as those windows were all in resident accessible areas.

During an interview with staff member #101 on May 13, 2025, confirmed multiple windows throughout the home had missing screens and were accessible to residents.

On May 16, 2025, inspector had observed resident accessible windows in the home had been updated to include screens on all previously missing windows.

Sources: Staff interview, observations of resident accessible windows throughout the home.

Date Remedy Implemented: May 16, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)**

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked

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medication cart.

The licensee failed to ensure that the disposal box for controlled substances in the medication room was stationary.

An observation completed on May 16, 2025 showed the controlled substances disposal box on the floor of the medication room. Staff were observed being able to move the disposal box.

A subsequent observation on May 20, 2025 observed the box stationary and affixed to the floor.

Sources: Observation of the medication room.

Date Remedy Implemented: May 20, 2025

## **WRITTEN NOTIFICATION: Air Temperature**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 24 (3)**

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee failed to ensure that air temperatures on all five of the home areas were documented during the required time of day.

Review of the 'Indoor Air Temperature and Humidex Monitoring Record' for each of the five home areas identified multiple days between the period of May 1 to May 14, 2025 where the air temperatures were not documented for at least one of the required time periods.

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Sources: The homes 'Indoor Air Temperature and Humidex Monitoring Record' for May 2025.

## **WRITTEN NOTIFICATION: Continuous quality improvement committee**

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

**Non-compliance with: O. Reg. 246/22, s. 166 (2) 7.**

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

7. At least one employee of the licensee who is a member of the regular nursing staff of the home.

The licensee has failed to ensure that the Continuous Quality Improvement (CQI) committee included at least one employee of the licensee who was a member of the regular nursing staff of the home. On May 20, 2025, Administrator #101 confirmed at least one employee of the licensee who was member of the regular nursing staff of the home was not part of the CQI committee.

**Sources:** Interview with Administrator #101.