

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: June 30, 2025
Original Report Issue Date: April 8, 2025
Inspection Number: 2025-1423-0001 (A1)
Inspection Type: Complaint Critical Incident Follow up
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

AMENDED INSPECTION SUMMARY

This report has been amended to:
Compliance Order #002 related to FLTCA 2021, s. 19 (2) c, issued on April 8, 2025, was amended on June 30, 2025, to include an AMP that was not previously issued.

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Complaint

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 31, 2025, and April 1, 2, 3, 4, 7, 8, 2025.

The following intake(s) were inspected:

Intake: #00136868 - Follow-up #: 2 to Compliance Order (CO) #002 - FLTCA, 2021 - s. 19 (2) (c) relating to the home, furnishings and equipment being maintained in a safe condition and a good state of repair. CDD November 15, 2024.

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-Intake: #00140489 - Complaint - relating to concerns regarding safe and secure home, maintenance, and records.
-Intake: #00141303 - Complaint - relating to concerns regarding maintenance relating to hot/cold water, continence care and bowel management.
-Intake: #00143817 - Complaint - relating to concerns regarding resident responsive behaviors.
-Intake: #00137018 - Critical Incident (CI) #2939-000003-25 - relating to Infection Prevention and Control (IPAC).
-Intake: #00138524 - CI #2939-000010-25 - relating to IPAC.
-Intake: #00140474 - CI #2939-000016-25 - relating to IPAC.
-Intake: #00138167 - CI #2939-000006-25 - relating to an unexpected death.
-Intake: #00141874 - CI #2939-000023-25 - relating to allegations of abuse.
-Intake: #00143595 - CI #2939-000027-25 - relating to allegations of abuse and neglect.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1423-0002 related to FLTCA, 2021, s. 19 (2) (c).

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

Resident Care and Support Services
Continence Care
Housekeeping, Laundry and Maintenance Services
Food, Nutrition and Hydration
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect

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Responsive Behaviours
Reporting and Complaints

AMENDED 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 (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 failed to ensure that there was a written plan of care for a resident that set out clear directions to staff and others who provide direct care to the resident.

The resident's plan of care stated the resident was to have specific care every shift and specific equipment was not identified.

A Personal Support Worker (PSW) stated that they would use specific equipment during care and were not aware of the resident requiring different equipment.

The Director of Care (DOC) shared that they would expect the resident would receive certain care daily and another type of care twice daily. The DOC also confirmed that the resident uses specific equipment and acknowledged that the plan of care does not provide clear direction to staff.

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Sources: The resident's clinical record and interviews with a PSW and the DOC.

WRITTEN NOTIFICATION: Plan of Care

NC #002 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 a resident's plan of care was reviewed and revised when resident's physician wrote an order.

A staff member confirmed the resident's active orders included physician orders. A staff member confirmed the plan of care, including the orders, were not revised to reflect the changes.

Sources: A resident's clinical record, and an interview with a staff member.

WRITTEN NOTIFICATION: Reporting and Complaints

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,
(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the

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manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure that ensure that a written complaint was immediately forwarded to the Director concerning the care of a resident.

Specifically, the home received an email complaint on a specific date.

During an interview with the Executive Director (ED) they confirmed that the email from the complainant was a written complaint, and they did not report the complaint to the Director.

Sources: Email communications between the home and the complainant and interview with the ED.

WRITTEN NOTIFICATION: Maintenance services

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

Non-compliance with: O. Reg. 246/22, s. 96 (2) (k)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water.

The licensee has failed to ensure that the home's water temperatures were monitored once per shift in March 2025, in areas that are accessible to residents.

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Throughout review of the temperature logs for all units in the home for March 2025, the location of temperatures taken and time/shift of temperature taken were not documented.

Sources: review of water temperature logs, interview with the Environmental Services Manager, and the Assistant Director of Care.

WRITTEN NOTIFICATION: Infection prevention and Control

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

Non-compliance with: O. Reg. 246/22, s. 102 (9)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure that on every shift, two resident's symptoms indicating the presence of infection were monitored and documented. Specifically, one resident's symptoms were not monitored and documented for four shifts and another resident's symptoms were not monitored and documented for eight shifts, while the resident's were actively exhibited symptoms, and were on isolation precautions.

Sources: Two resident's clinical records, interview with IPAC Lead.

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WRITTEN NOTIFICATION: Administration of drugs

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

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that a resident's medication was administered in accordance with the directions for use specified by the provider.

The resident was ordered to receive a medication on a specific date and the medication was not administered until two days after it was to be administered.

Sources: The resident's progress notes and medication administration record, medication incident investigation notes, interview with two staff members.

WRITTEN NOTIFICATION: Resident Records

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 274 (b)

Resident records

s. 274. Every licensee of a long-term care home shall ensure that,
(b) the resident's written record is kept up to date at all times.

The licensee failed to ensure that a resident's written record was kept up to date at all times.

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Review of the resident's clinical record showed documentation that the resident received a medication on a specific date.

The Infection Prevention and Control Lead (IPACL) shared that they administered the medication three days prior to documenting the administration and mistakenly did not put the correct date of administration. IPACL confirmed that they should have documented at the time of administration and confirmed that the documentation was not accurate.

Sources: The resident's clinical record, interview with IPACL and email correspondence between the home and the Power of Attorney (POA).

COMPLIANCE ORDER CO #001 Plan of care

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

Specifically the licensee must:

A) Educate all staff involved in the care of the resident related to the specific plan of care. Education is to include the type of equipment the resident uses, the assistance required and interventions to be utilized to promote the resident's participation and compliance with care.

B) Keep a record onsite and available of all staff that were educated, the date of the education, the content of the education, the method the education was delivered

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and who delivered the education.

C) The Executive Director or the Director of Care will observe the resident daily between 10:30 am and 11:30 am to ensure that the specific care has been completed. If the observation shows that the care was not completed implement interventions to attempt to complete the specific care. This can be completed by the Registered Nursing staff on weekends and holidays. If neither the Executive Director or Director of Care are onsite Monday through Friday they may delegate to an Assistant Director of Care or the Registered Nursing staff. Audits are to be completed until such time as an Inspector deems the compliance order to be in compliance..

D) Keep a record onsite and available of all observations completed that includes the results of the observation, the date and time of the observation and any corrective action taken if the care was noted to be incomplete.

Grounds

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

A resident's plan of care stated that the resident required specific care every shift and required supervision, set up and cueing for the care and assistance or re-approach at times. The resident's clinical record indicated recent medical issues resulting in the need for treatment and procedures.

During observations on two dates it was observed that the resident had not received the specific care and the required equipment had not been used.

During an interview with a PSW they stated that they did not participate in the resident's specific care but do put out fresh towels. The PSW confirmed that the

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resident had not received the specific care on the observed dates.

Sources: The resident's clinical record, observations, and interviews with a PSW.

This order must be complied with by May 7, 2025

(A1)

The following non-compliance(s) has been amended: NC #009

COMPLIANCE ORDER CO #002 Accommodation services

NC #009 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 must specifically;

A. Conduct a comprehensive audit of a specific resident's, Mulberry, Blue Spruce and Magnolia washrooms across from the dining rooms.

i) including all surfaces (i.e. walls, floors), fixtures (i.e. lights, sinks, toilets, countertops), equipment and furnishings.

B) Implement corrective actions to address and remediate the items identified by the licensee's comprehensive audit of the above-mentioned areas.

C) Keep a written record of A and B. Ensure that the audit document includes the name of the person(s) who conducted the audit(s), the audit date(s) and remediation

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dates.

D) Re-educate all staff on the home's preventative maintenance program's reporting tool.

E) Keep a written record of the education provided, who completed the education, and the staff's names and dates when the education was received.

F) Create and implement a sustainable audit tool for the management team to utilize on a monthly basis, to track and monitor the condition of the home and to ensure areas of disrepair are reported in a timely manner.

i) The audit tool must include but is not limited to all surfaces (i.e. walls, floors), fixtures (i.e. lights, sinks, toilets, windows, countertops), equipment and furnishings.

Grounds

The licensee failed to ensure that a specific resident room, the public washrooms across from the dining rooms on Mulberry, Blue Spruce and Magnolia units, were kept in a good state of repair.

A specific resident's room was noted to have had damage to the dry wall on the wall between the room and the bathroom along the baseboard. During an interview with a PSW, they had indicated that the room had been in that state for at least 2 weeks and they had not reported it.

A Public washroom across from the dining room on Magnolia was noted to be in a state of disrepair; peeling paint, exposed dry wall, various gouges on the wall and door jamb. During an interview with a housekeeping staff, they indicated the washroom had been in that state for a long time and they had not reported it.

Mulberry and Blue Spruce washrooms were also observed to be in varying states of disrepair with, damaged walls, doors or door jambs, a large hole in the wall along

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the baseboard, missing or cracked caulking around the toilets, and cracked, missing or lifted tiles.

Maintenance records were reviewed and no records of the damage had been documented. The Executive Director (ED) had completed a tour with the Inspector and confirmed areas of disrepair noted and had confirmed it should have been reported. The Environmental Services Manager (ESM), confirmed the areas of disrepair were not documented or reported.

During an interview with the Infection Prevention and Control (IPAC) Lead, they confirmed areas of disrepair could potentially not be disinfected effectively.

Sources: Observations, Maintenance records, and staff interviews.

This order must be complied with by June 9, 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 #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100, to be paid within 30 days from the date of the invoice.

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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:

A CO was issued to FLTCA 2021, s. 19(2) c within INSP #2024-1423-0002 on July 17, 2024.

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.

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

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Intake: #00136868 - Follow-up #: 2 to Compliance Order (CO) #002 - FLTCA, 2021 - s. 19 (2) (c) relating to the home, furnishings and equipment being maintained in a safe condition and a good state of repair. CDD November 15, 2024. Initial inspection #2024_1423_0002 unable to comply during inspection #2024_1423_0005.

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.

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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

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.