

**Ministry of Long-Term Care**

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

**Toronto District**

5700 Yonge Street, 5th Floor  
Toronto, ON, M2M 4K5  
Telephone: (866) 311-8002

**Public Report**

**Report Issue Date:** January 15, 2025

**Inspection Number:** 2025-1427-0001

**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 Westbury, Etobicoke

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): January 7-10, 13-15, 2025

The following intake(s) were inspected in this Critical Incident (CI) inspection:

- Intake: #00131088 -[CI: 2943-000018-24] - was related to fall prevention and management
- Intake: #00132886 -[CI: 2943-000021-24] - was related to improper care and fall prevention and management
- Intake: #00133231 -[CI: 2943-000023-24] - was related to prevention of abuse and neglect
- Intake: #00134591 -[CI: 2943-000027-24] - was related to injury sustained by a resident
- Intake: #00134592 -[CI: 2943-000028-24] - was related to an outbreak of infectious disease

The following intake(s) were completed in this CI inspection:

- Intake: #00133000 -[CI: 2943-000022-24] - was related to an outbreak of infectious disease

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

Resident Care and Support Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Required programs

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

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to ensure that the falls prevention and management program was implemented post-fall for a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that written policies developed for the falls prevention and management program were complied with when a resident fell and sustained an injury.

The home's fall prevention program policy stated "in the event of a fall, the resident is not to be moved off the floor until the head-to-toe assessment has been completed by a registered staff, physician, NP or paramedic". The resident fell and a

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personal support worker (PSW) transferred them without a head to toe assessment by a registered staff.

**Sources:** LTCH's policy LTC-ON-200-05-03 "Resident Fall Prevention and Management Program" last revised: July 2024, resident's progress notes and Interview with PSW.

## **WRITTEN NOTIFICATION: Responsive behaviours**

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee has failed to ensure that for a resident who demonstrated responsive behaviours, strategies were implemented to respond to these behaviours. A resident sustained an injury. The resident exhibited responsive behaviours when two PSWs assisted the resident. The PSWs did not implement the interventions, as indicated in the resident's plan of care to respond to the resident's behaviours. Failure to implement the responsive behaviour strategies for the resident increased the risk of escalation of the behaviours and risk for injury.

**Sources:** CIS Report 2943-000027-24; resident's care plan; home's investigation notes; and interviews with PSWs, and the Director of Care (DOC).

## **WRITTEN NOTIFICATION: Infection prevention and control**

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**program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure the implementation of a standard issued by the Director with respect to infection prevention and control (IPAC). Specifically, the licensee has failed to ensure proper use of personal protective equipment (PPE), including appropriate application and removal of PPE by a PSW in accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes September 2023" (IPAC Standard) as required by Additional Precaution 9.1(d) under the IPAC Standard. A PSW failed to apply eye protection and applied and removed PPE in the incorrect sequence when entering a resident's room that was on additional precautions to assist the resident.

**Sources:** Observation outside the room; and interviews with PSW, and IPAC Lead.