

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 27, 2026

Inspection Number: 2026-1427-0001

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 Westbury, Etobicoke

INSPECTION SUMMARY

The inspection occurred on the following date(s): January 15-16, 19-23, and 26-27, 2026, with January 26, 2026, conducted off-site.

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

- Intake: #00160089/CI #2943-000024-25 - related to alleged abuse.
- Intake: #00164739/CI #2943-000029-25 - related to alleged neglect of continence care and bowel management.
- Intake: #00164977/CI #2943-000031-25 - related to a communicable disease outbreak.

The following Complaint intake(s) were inspected:

- Intake: #00165489 - Complaint related to multiple care concerns for a resident.

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

Skin and Wound Prevention and Management
Continence Care
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Involvement of Resident, etc.

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

Non-compliance with: FLTCA, 2021, s. 6 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The Power of Attorney (POA) was not provided with the opportunity to fully participate in the development and implementation of the plan of care. The POA requested a specific change to the resident's treatment plan; however, the request was not relayed to members of the team for follow-up.

Sources: A review of the resident's Electronic Medical Records (EMR) and interviews with RPN and 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 resident required a Personal Support Worker's (PSW's) assistance with personal care. When the resident requested support, the PSW responded in an inappropriate manner. This interaction had the potential to negatively impact the resident's emotional well-being, dignity, and sense of respect.

Sources: Interviews with PSW and ADOC. Review of the resident's Electronic Medical Record (EMR), investigation notes, camera footage and the home's policy.

WRITTEN NOTIFICATION: Reporting Certain Matters To Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

A PSW witnessed suspected abuse of a resident by another PSW; however, the allegation was not immediately reported to the Director.

Sources: Interviews with the PSW and ADOC. Critical Incident Report, the home's policy, and camera footage records.

WRITTEN NOTIFICATION: General Requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The home's policy directed staff to contact the physician or nurse practitioner when clinical thresholds were exceeded for a specific medication, and no corresponding treatment orders were in place. On multiple occasions when these thresholds were exceeded, the physician or nurse practitioner was not contacted, as required.

Sources: Review of the home's policy, the resident's EMR, and interviews with the Registered Practical Nurse (RPN), Registered Nurse (RN) and ADOC.

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WRITTEN NOTIFICATION: Required Programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.

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:

2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The home's policy required staff to communicate changes in a resident's condition to the POA. A change in the resident's condition was identified; however, the POA was not notified, as required.

Sources: Review of the home's policy, EMR, and interviews with the RPN and RN.

WRITTEN NOTIFICATION: Skin And Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (e)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

A change in the resident's health condition was identified. A referral for additional specialist support was initiated; however, the associated assessment was not completed.

Sources: A review of the resident's EMR and interviews with the RPN, RN, ADOC and Registered Dietitian (RD).

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WRITTEN NOTIFICATION: Continence Care and Bowel Management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The resident did not receive sufficient personal care to remain clean, dry, and comfortable. A concern was identified regarding a period during which required care was not provided. The home's internal review confirmed that care was not delivered in accordance with the plan of care.

Sources: A review of the resident's EMR, the home's internal investigation and interviews with PSW and ADOC.