

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: April 10, 2025

Inspection Number: 2025-1403-0003

Inspection Type:

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 London, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 8, 9, 10, 2025

The following intake(s) were inspected:

- Intake: #00140774 -Follow-up #1 - CO #002/2025-1403-0002, FLTCA, 2021 - s. 25 (1), Policy to promote zero tolerance CDD: 3/14/2025
- Intake: #00140775 -Follow-up #1 - CO #001/2025-1403-0002, FLTCA, 2021 - s. 24 (1), Duty to Protect CDD: 3/28/2025
- Intake: #00140776 -Follow-up #1 - CO #003/2025-1403-0002, FLTCA, 2021 - s. 27 (1) (a) (i), Licensee must investigate, respond and act CDD: 3/28/2025

Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2025-1403-0002 related to FLTCA, 2021, s. 25 (1)

Order #001 from Inspection #2025-1403-0002 related to FLTCA, 2021, s. 24 (1)

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Order #003 from Inspection #2025-1403-0002 related to FLTCA, 2021, s. 27 (1) (a)
(i)

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

Prevention of Abuse and Neglect

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 (8)

Plan of care

s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee has failed to ensure that staff who provided direct care to residents were kept aware of the contents of the resident's plans of care when the home was transitioning their assessment system. The home's Resident Assessment Instrument (RAI) Coordinator stated that during the transition period, each home unit had a physical copy of the resident's care plans within a care plan binder located at the nursing station. During interviews with two Personal Support Workers (PSWs) and one registered staff member, the staff were unaware of where to locate the current

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care plans during the transition process.

On the following day, the home provided staff additional written communication on where to locate the current resident care plan records.

Sources: Care plan binder, hard copy resident charts, care plan in Point Click Care (PCC), interviews with staff members.

Date Remedy Implemented: April 9, 2025