Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

London District
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Public Report

Report Issue Date: May 1, 2025
Inspection Number: 2025-1403-0004
Inspection Type: Critical Incident
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 dates: April 28 to 30, and May 1, 2025.

The following intakes were inspected:

- Intake #00143616/Critical Incident System Report (CIS) #2919-000017-25 regarding allegations of staff to resident abuse
- Intake #00144971/CIS #2919-000023-25 regarding infection prevention and control

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
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: 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 that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with. In accordance with Additional Requirement 11.6 under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that signage (listing the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual) was posted at the entrance, as well throughout the home. Staff #101 recounted in an interview, that the required signage had been removed and had not replaced.

Inspector verified on April 30, 2025 that the required signage had been posted according to the IPAC Standard for Long Term Care Homes.

Sources: Observations April 28 and 30, 2025; and interview with staff #101

Date Remedy Implemented: April 30, 2025

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 27 (1) (b)
Licensee must investigate, respond and act
s. 27 (1) Every licensee of a long-term care home shall ensure that,
(b) appropriate action is taken in response to every such incident; and

The licensee has failed to comply with the process of taking appropriate actions when they became aware of allegations of physical abuse towards a resident by a staff member in March, 2025.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee was required to ensure the policy to promote zero tolerance of abuse and neglect of residents contained procedures and interventions to assist and support resident who have been allegedly abused and was complied with.

The home's Abuse Allegation and Follow up Policy, last revised July 2024, indicated that "the employee is to be removed to an alternative area and/or may be sent home pending completion of the investigation based on the situation". Additionally, the home was to immediately report to the police all allegations of abuse of a resident, and review the employee's file for evidence of previous incident as part of the investigation.

Staff #106 stated that they did not take appropriate actions when they became aware of allegations of physical abuse towards a resident by a staff member on March 27, 2025.

Sources: Review of Abuse Allegation and Follow up Policy, last revised July 2024 and interview with residents and staff