

**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:** May 29, 2025

**Inspection Number:** 2025-1403-0005

**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 date(s): May 27, 28, 29, 2025

The following intake(s) were inspected:

- Intake: #00146610- Critical Incident Systems Report 2919-000026-25 related to improper care of a resident.
- Intake: #00147325- Critical Incident Systems Report 2919-000027-25 related to a fall.

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

Skin and Wound Prevention and Management  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

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## **WRITTEN NOTIFICATION: Integration of assessments, care**

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

**Non-compliance with: FLTCA, 2021, s. 6 (4) (a)**

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee has failed to ensure that skin and wound assessments completed for an area of impaired altered skin integrity for a resident were consistent and complemented each other.

**Sources:** Clinical records for a resident including skin and wound assessments, and progress notes, the home's internal investigation notes, and interviews with a Registered Practical Nurse and other staff.

## **WRITTEN NOTIFICATION: Recreational and Social Activities Program**

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

**Non-compliance with: FLTCA, 2021, s. 14 (1)**

Recreational and social activities

s. 14 (1) Every licensee of a long-term care home shall ensure that there is an organized program of recreational and social activities for the home to meet the interests of the residents.

The licensee has failed to comply with the home's recreational and social activities program.

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In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the recreational and social activities program were complied with.

Specifically, the long term care home's (LTCH) Outings policy (revised August 2024) directed staff to assess if there was risk of injury to a resident, call 911 and call the Director of Care if further direction was needed. A staff member did not follow this policy, as required, after a resident sustained an injury while on an outing.

**Sources:** Review of a resident's electronic medical record, a Critical Incident Systems Report, Long Term Care Home policy titled "Outings" (revised August 2024); and interview with a staff member

## WRITTEN NOTIFICATION: Required programs

NC #003 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 licensee has failed to ensure that 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 was developed and implemented in the home.

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In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee was required to ensure that written policies and protocols were developed for the skin and wound care program and ensure they were complied with.

Specifically, staff did not comply with the licensee's "Skin and Wound Care Program" LTC-ON 200-05-02 March 2025, when a resident developed a new area of altered skin integrity. The Registered Practical Nurse (RPN), who assessed the area did not notify the Medical Doctor or Nurse Practitioner of the new area or send a referral to the home's Physiotherapy program, as per policy.

**Sources:** Clinical records for a resident including progress notes and assessments, the home's policy titled "Skin and Wound Care Program" (LTC-ON-200-05-02) revised March 2025, investigation notes, and interviews with an RPN and other staff.

**WRITTEN NOTIFICATION: Skin and wound care**

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

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

Skin and wound care

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

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The licensee failed to ensure that when a resident exhibited impaired skin integrity they received immediate treatment and interventions to promote healing, and prevent infection, as required.

**Sources:** Clinical records for a resident including assessments, Treatment

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Administration Records, Investigation Notes, the home's policy titled "Skin and Wound Care Program" (LTC-ON-200-05-02) revised March 2025, and interviews with the Assistant Director of Care and Nurse Practitioner

**WRITTEN NOTIFICATION: Skin and wound care**

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

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

Skin and wound care

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

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee failed to ensure that when a resident exhibited altered skin integrity, that the area was reassessed weekly. A reassessment for the area was initiated, however, the assessment was not fully completed as per the expectations of the home.

**Sources:** Clinical records for a resident including assessments, the home's policy titled "Skin and Wound Care Program" (LTC-ON-200-05-02) revised March 2025, investigation notes, and interviews with the Assistant Director of Care and other staff.