

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: August 28, 2025

Inspection Number: 2025-1403-0006

Inspection Type:

Complaint
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): August 20, 21, 22, 25, 26, 27, 28, 2025

The following intake(s) were inspected:

- Intake: #00153011/ Critical Incident System (CIS) report #2919-000035-25 related to allegations of abuse;
- Intake: #00153375/Complaint related to resident care;
- Intake: #00154561/Complaint related to resident care;
- Intake: #00155681/CIS #2919-000038-25 related to resident to resident abuse.

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

Resident Care and Support Services
Prevention of Abuse and Neglect
Responsive Behaviours

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Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Complaints Procedure — Licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure that written complaints regarding resident safety were immediately forward to the Director.

On two separate occasions, the licensee and home received a written complaint regarding concerns for residents' safety. The complaints were not forwarded to the Director.

Sources: Review of a CIS, the home's CIS binder, the home's "Complaints Policy" LTC-ON-100-05-08 revised July 2024; and interviews with the the DOC and ED.

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WRITTEN NOTIFICATION: Reporting

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

Non-compliance with: FLTCA, 2021, s. 27 (2)

Licensee must investigate, respond and act

s. 27 (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

The licensee has failed to ensure a Critical Incident System (CIS) report was amended with the results of the home's investigation when the investigation was completed.

The Director of Care (DOC) stated they were responsible to update CIS reports after an investigation was completed and they should have done this for the investigation and did not.

Sources: Review of a CIS report; and interview with the DOC.

WRITTEN NOTIFICATION: Responsive Behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (3) (a)

Responsive behaviours

s. 58 (3) The licensee shall ensure that,

(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;

The licensee has failed to ensure that screening protocols for responsive behaviours

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were implemented in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

After an incident of alleged resident to resident abuse, a Behavioural Supports Ontario-Dementia Observation System (BSO-DOS) Worksheet was initiated for a resident.

The BSO-DOS worksheet indicated the resident had verbal and physical expressions during the five day observation period, however the analysis and planning section was not completed to review what the BSO-DOS data revealed, possible causes and contributing factors to the expressions, and identify next steps.

Sources:

Review of a Critical Incident System report, a resident's clinical record, BSO-DOS User Guide dated June 2025; and interviews with BSO Lead #107, the Director of Care and other staff.

WRITTEN NOTIFICATION: Dealing with Complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1)

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be

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commenced immediately.

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

3. The response provided to a person who made a complaint shall include,

- i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,
- ii. an explanation of,
 - A. what the licensee has done to resolve the complaint, or
 - B. that the licensee believes the complaint to be unfounded, together with the reasons for the belief, and
- iii. if the licensee was required to immediately forward the complaint to the Director under clause 26 (1) (c) of the Act, confirmation that the licensee did so.

The licensee has failed to ensure that two complaints that were received by the home, were investigated and resolved where possible, and a response provided to the complainant within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation was commenced immediately.

A) The licensee and the previous Director of Care (DOC) received a written complaint regarding concerns for residents' safety. The complaint was not investigated and no response was provided to the complainant.

B) The licensee and ED received another written complaint from the same

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complainant regarding concerns for residents' safety after an incident involving the same resident. There was no documented investigation into the complainant's concerns and no response was provided to the complainant.

Sources: Review of a CIS, the home's CIS binder, the home's "Complaints Policy" LTC-ON-100-05-08 revised July 2024; and interviews with the DOC and ED.

WRITTEN NOTIFICATION: Dealing with Complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (2)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

The licensee has failed to ensure that a documented record was kept in the home that included:

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

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- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

On two separate occasions, the licensee and home received written complaints regarding concerns for residents' safety. There was no documented record kept in the home regarding the complaints.

Sources: Review of a Critical Incident System (CIS) report, the home's CIS binder, the home's Complaints Log, the home's "Complaints Policy" LTC-ON-100-05-08 revised July 2024; and interviews with the Director of Care and the Executive Director.