

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: January 23, 2026

Inspection Number: 2026-1403-0001

Inspection Type:

Proactive Compliance Inspection

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): January 13, 14, 16, 19, 20, 21, 22, 23, 2026

The inspection occurred offsite on the following date(s): January 15, 2026

The following intake(s) were inspected:

-Intake #00167412 -Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect

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Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Advice

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

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee did not seek the advice of the Family Council in carrying out the Resident and Family/Caregiver experience survey in 2025.

Sources: Family and Friends Council Meeting Minutes (January -December 2025), and interviews with Family Council Chair and the home's Executive Director

WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall,

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within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee did not respond to the Family Council in writing within 10 days of receiving concerns or recommendations from the council. Family Council Meeting minutes identified that the council had submitted concerns and recommendations to the management of the home. Responses were received by the council on a date which exceeded the 10 days.

Sources: Family Council Meeting Minutes (February-May, 2025), and an interview with the Family Council Chair

WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The temperatures required to be measured, including two resident bedrooms in different parts of the home and one resident common area on every floor of the home, were not documented once every evening or night.

A review of the "Indoor air temperature and humidex monitoring record" for main level of the home indicated no resident room temperatures were documented each evening/night from January 1 through to January 19, 2026.

The "Indoor air temperature and humidex monitoring record" for the upper level of

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the home indicated there were no temperatures documented for a resident room or common area on seven out of 19 evening/nights.

Sources: Observations of the home area temperatures, the home's "Indoor air temperature and humidex monitoring record" for each home area, interview with the housekeeping staff and Environmental Manager

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) 4.

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:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

A) The written record for the 2025 annual evaluation of the home's skin and wound program did not include the dates that any changes were implemented.

Sources: The 2025 Skin and Wound Care Program evaluation and an interview with the Executive Directive

B) The written record for the 2025 annual evaluation of the home's pain management program did not include a summary of the changes made and the

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date that those changes were implemented.

Sources: The 2025 Pain Management Program evaluation and an interview with the Executive Directive

WRITTEN NOTIFICATION: Pain Management

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

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

When a resident pain was not relieved by initial interventions, including pharmacological intervention, the resident was not assessed using a clinically appropriate assessment instrument.

A resident's clinical records indicated that they were provided pain intervention which were documented as ineffective. There were no records indicating that the resident was reassessed when their pain interventions were not effective.

The home's pain management lead confirmed that pain assessments were not completed when the resident's pain management strategies were not effective.

Sources: A resident's clinical records, interview with the pain management lead, and review of the home's Pain Management Program policy.

WRITTEN NOTIFICATION: Infection prevention and control

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program

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

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).

During the inspection, a staff member was observed entering a room who was on droplet and contact precautions, without donning the required personal protective equipment (PPE). The Infection Prevention and Control (IPAC) lead confirmed that the student did not don appropriate PPE when coming into contact with the resident.

Sources: A resident's health records, observations, interviews with the staff member and IPAC lead

WRITTEN NOTIFICATION: Safe storage of drugs

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

Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

A resident's controlled substance was not stored within a separate locked area

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within the locked medication cart.

During a medication administration observation, a resident requested a delayed administration of their medication, which included a controlled substance. The prepared medication was placed into the medication cart but not stored within the double locked area.

Sources: Resident clinical records, review of the home's Safe Storage and Drug Destruction policy, and interviews with registered staff and the Acting Director of Care

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The home's continuous quality improvement committee did not include at least one employee of the licensee who was hired as a personal support worker or provided personal support services at the home and met the qualification of personal support workers referred to in section 52.

Sources: Professional Advisory Committee (PAC) -Continuous Quality Improvement

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Committee Meeting Minutes (January 2026), and an interview with the Executive Director