

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: March 13, 2026

Inspection Number: 2026-1298-0002

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 Pine Grove, Woodbridge

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 5-6, 9, 11-13, 2026

The following intake was inspected:

- Intake: #00170580 -Customized Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Falls Prevention and Management

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 (1) (a)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan

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of care for each resident that sets out,
(a) the planned care for the resident;

i) A resident was observed to be using a fall's prevention equipment as part of their fall's prevention interventions. However, this intervention was not stated in their care plan.

The care plan was updated to include this intervention.

Sources: Inspector's Observation, resident's clinical records; and an interview with a Personal Support Worker (PSW).

ii) A fall's prevention device was observed being used for a resident. A PSW reported that the device was used for the resident as part of their fall's prevention interventions. However, this intervention was not stated in their plan of care.

The care plan was updated to include this intervention.

Sources: Inspector's Observation, resident's clinical records; and an interview with the PSW.

Date Remedy Implemented: March 6, 2026

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary;
or

A resident's care plan had not been revised or reviewed to discontinue the use of a fall's prevention intervention that was no longer required.

The resident's care plan was updated to reflect the removal of this intervention.

Sources: Observations, resident's clinical records, and an interview with a PSW.

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Date Remedy Implemented: March 6, 2026

WRITTEN NOTIFICATION: Falls Prevention and Management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

An observation revealed that the indicated falls prevention device was not in place for a resident, hence their fall prevention device was not implemented.

Sources: Inspector's Observation; resident's clinical records; and an interview with a Registered Practical Nurse (RPN).

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,

A resident's clinical records did not reflect the implementation of immediate treatment to manage the altered skin integrity discovered on an identified date.

A Registered Nurse (RN) confirmed that the registered staff should have referred to the home's guidelines and implemented the applicable treatment.

Sources: Resident's clinical records; and an interview with a RN.



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Fixing Long-Term Care Act, 2021**

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