

**Ministry of Long-Term Care**

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

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

## Public Report

**Report Issue Date:** April 25, 2025

**Inspection Number:** 2025-1405-0001

**Inspection Type:**

Complaint  
Critical Incident

**Licensee:** Regency LTC Operating Limited Partnership, by its general partners, Regency Operator GP Inc. and AgeCare Iris Management Ltd.

**Long Term Care Home and City:** AgeCare Willowgrove, Ancaster

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 27, 31, 2025 and April 1-4, 7-10, 14, 15, 17, 23, 2025.

The following intake(s) were inspected:

- Intake: #00133595 - 2921-000028-24 - related to infection prevention and control.
- Intake: #00138685 - complaint related to staffing, bathing, skin and wound, and infection prevention and control.
- Intake: #00140132 - 2921-000006-25 - related to alleged resident to resident physical abuse.

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

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Staffing, Training and Care Standards

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## 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. 272**

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee failed to ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act were followed in the home. The Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective date of February 2025, requires that alcohol based hand rub (ABHR) not be expired.

One dispenser of ABHR was expired in a dining room. The ABHR was replaced by the home when it was identified by the Inspector.

**Sources:** observations in the dining room; interview with the IPAC Lead.

Date Remedy Implemented: April 7, 2025

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## WRITTEN NOTIFICATION: Documentation

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

**Non-compliance with: FLTCA, 2021, s. 6 (9) 1.**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee failed to ensure that the provision of care for bathing as set out in the plan of care was documented for two residents.

The residents' plans of care identified that they preferred a specific type of bathing. The residents stated they were not being bathed according to their preferred method of bathing.

Documentation in the point of care (POC) records for bathing did not specify the type of bathing that was being provided to the residents. The Director of Care (DOC) stated that staff were to document bathing according to the preference identified in their plan of care and document in the progress notes if an alternative bathing method was used. Documentation in the progress notes for both residents did not reflect the residents were receiving an alternative method of bathing.

**Sources:** interview with both residents, PSWs, DOC, the clinical health records for both residents.

## WRITTEN NOTIFICATION: Windows

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

**Non-compliance with: O. Reg. 246/22, s. 19**

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Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee failed to ensure that every window in the home that opened to the outdoors and was accessible to residents had a screen and could not be opened more than 15 centimetres.

A window in a ground floor jacuzzi room had the screen removed and the window was not restricted to prevent egress. A registered staff member stated that residents had used that room for hairdressing the day prior.

**Sources:** observations; interview with the Executive Director and registered staff.

## WRITTEN NOTIFICATION: Bathing

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

**Non-compliance with: O. Reg. 246/22, s. 37 (1)**

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee failed to ensure that two residents were bathed, at a minimum, twice a week by the method of their choice unless contraindicated by a medical condition.

The residents stated they had a preferred method of bathing, were not asked their

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preference of bathing, and were routinely provided bathing that was not consistent with their preferred method.

The residents' plans of care identified their preferred method of bathing and registered staff stated there was no medical reason the residents would not be able to be bathed by their preferred method.

**Sources:** clinical health record for both residents, including point of care bathing records, progress notes, kardex and care plan; interview with two residents, PSWs, registered staff, Physiotherapy staff, Executive Director.

## WRITTEN NOTIFICATION: Hazardous substances

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

**Non-compliance with: O. Reg. 246/22, s. 97**

Hazardous substances

s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee has failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times.

A shower room was left open and unattended with a resident sitting in the doorway of the shower room. A bottle of Rapid Multi Surface Disinfectant Cleaner was left accessible to residents in the shower room. A PSW stated that staff kept the disinfectant in the shower room so it was accessible to staff for disinfecting after a shower.

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The home's Care Staff Guidebook directed staff to obtain the required cleaning product for use from the designated storage areas, not to leave the product unattended while in use, and to lock the product in the designated storage area once finished.

**Sources:** observations, interview with PSW, Care Staff Guidebook, LTC-ON-200-10.1, Revision Approval Date of July 2024.

## **WRITTEN NOTIFICATION: Infection prevention and control 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).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated September 2023, was implemented.

The IPAC Standard for Long-Term Care Homes indicated, under section 9.1 f), that the licensee shall ensure that Additional Precautions were followed in the IPAC program, including appropriate selection application, removal and disposal.

A) During a respiratory outbreak in an identified home area, a staff member was observed sitting at the nursing station drinking a beverage and wearing their mask incorrectly. Signage on the door to the unit stated that a face mask was required on the unit at all times for staff and visitors and signage at the nursing station

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identified no food or beverages in the nursing station.

The Infection Prevention and Control Lead confirmed that all staff should be wearing a mask while on the outbreak unit and that staff were to have food and beverages in the break room only.

**Sources:** observations; interview with staff, IPAC Lead.

B) During a respiratory outbreak, a staff member was observed walking through the home area without wearing a mask. Signage on the door to the unit stated that a face mask was required on the unit at all times.

**Sources:** observations; interview with staff, IPAC Lead.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee failed to ensure that on every shift, symptoms indicating the presence of infection in residents were monitored in accordance with any standard or protocol issued by the Director under subsection (2).

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The IPAC Standard for Long-Term Care Homes indicated, under section 3.1 (b) that surveillance was to be performed on every shift to identify cases of healthcare acquired infections (HAIs).

A resident complained of a sore throat requiring pain medication and staff wrote the resident's symptoms in the communications binder. There was no documented monitoring of the resident's symptoms on the next shift. The resident was not isolated and was not tested for infection until the subsequent shift and an outbreak was declared in the home by Public Health the next day.

The home's outbreak management policy stated that when a resident showed one respiratory symptom, the resident would be isolated and monitored for progression of symptoms.

**Sources:** Unit daily record staff communication book; interview with registered staff and the IPAC Lead; policy, "Outbreak Management" ALL-ON- 205-03-04, Revision Approval Date: November 2024.

## **WRITTEN NOTIFICATION: Safe storage of drugs**

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

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

Safe storage of drugs

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

(a) drugs are stored in an area or a medication cart,

(ii) that is secure and locked,

The licensee failed to ensure that drugs were stored in a medication cart that was secure and locked.

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A medication cart was left unlocked and unattended by staff. The Inspector was able to access medications within the cart without being noticed by the registered staff member, who was in the medication room across from the cart. The staff member confirmed they had not observed the Inspector accessing the cart and confirmed that the cart should have been locked.

**Sources:** observations; interview with registered staff.

## COMPLIANCE ORDER CO #001 Accommodation services

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 19 (2) (c)**

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,  
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

**The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 19 (2) (c) [FLTCA, 2021, s. 155 (1) (b)]:**

The plan must include but is not limited to:

- How the home will repair or replace the tubs on all five identified home areas to ensure they are in a good state of repair and operational, including documented consultations from third parties that would be involved in the repair or replacement work.
- How the home will ensure the safety of residents on the identified home areas during the period where repairs or replacement work will take place.

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-How the home will ensure that residents who prefer a tub bath are bathed according to their preference while the tub repairs or replacements are being completed.

-How the home will ensure that maintenance and service logs are kept available and up to date for the tub repairs or replacements.

Please submit the written plan for achieving compliance for inspection #2025-1405-0001 to LTC Homes Inspector, MLTC, by email by May 9, 2025. Please ensure that the submitted written plan does not contain any PI/PHI.

**Grounds**

The licensee failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

The home currently had only one working bath tub for six home areas. The Executive Director stated some of the tubs had been out of service for over one year and service records for the tubs were not available for review. Residents identified a preference for a tub bath, however, were receiving showers related to the tubs being out of service.

Residents expressed disappointment that their preference for a tub bath was not being provided.

**Sources:** interview with residents, Executive Director, PSWs, and RN; clinical record for residents, including care plan; observations of the tub rooms.

**This order must be complied with by** October 24, 2025

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).