

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: March 14, 2025

Inspection Number: 2025-1370-0001

Inspection Type:

Critical Incident
Follow up

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 Samac, Oshawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 6, 7, 11-14, 2025

The inspection occurred offsite on the following date(s): March 10, 2025

The following intake(s) were inspected:

- An intake for Compliance Order (CO) #001 from inspection 2024_1370_0003, related to O. Reg. 246/22, s. 96 (1) (b), with a Compliance Due Date (CDD) on January 31, 2025.
- An intake for CO #002 from inspection 2024_137_0003, related to O. Reg. 246/22, s. 102 (2) (b), with a CDD on January 6, 2025.
- An intake related to a fall with injury.
- An intake related to an infectious disease outbreak.

The following intake was completed in this inspection:

- An intake related to a fall with injury.

Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1370-0003 related to O. Reg. 246/22, s. 96 (1)
(b)

Order #002 from Inspection #2024-1370-0003 related to O. Reg. 246/22, s. 102 (2)
(b)

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: FALLS PREVENTION AND MANAGEMENT

NC #001 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).

The licensee failed to ensure that the falls prevention and management program was implemented for a resident related to specific falls interventions.

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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 falls prevention and management program were complied with. Specifically, the home's falls policy indicated that a visual identifier should be applied for residents with a score greater than 12 on the Scott Fall Risk Assessment, with their call bell and personal items within reach.

The resident's health records indicated the resident had a history of falls, requiring a visual identifier as per their Scott Fall Risk Assessment. The resident sustained an unwitnessed fall resulting in a hospital transfer with a reported change in health condition. The Director of Care (DOC) indicated that the resident required the use of a visual identifier, a falls prevention strategy device, and specific falls interventions.

During inspection, it was observed, that while the resident was in bed, the falls prevention strategy device was removed and turned off, there was not a visual identifier displayed, and other falls interventions were not in place as directed in the resident's care plan and the home's policy.

Sources: Observations, the resident's clinical records, and interview with the DOC.

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #002 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

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The licensee failed to ensure that a resident's symptoms indicating the presence of infection were monitored on every shift during an infectious disease outbreak.

A Critical Incident Report (CIR) was submitted to the Director related to a declared enteric outbreak in the home.

Documentation submitted by the home to the local Public Health Unit (PHU), reported the resident's onset of infectious disease symptoms on a specific date, resolving some days after.

A Registered Nurse (RN) indicated registered staff should monitor and document symptoms on every shift, in Point Click Care (PCC) under progress notes. The resident's progress notes and the IPAC Lead confirmed the registered staff were not monitoring the resident's infectious disease symptoms on every shift.

Sources: CIR, Line List of the Infectious Disease Outbreak, the resident's progress notes, interviews with RN and IPAC Lead.

WRITTEN NOTIFICATION: ADDITIONAL TRAINING- DIRECT CARE STAFF

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

Non-compliance with: O. Reg. 246/22, s. 261 (1) 1.

Additional training — direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.

The licensee has failed to ensure that according to paragraph 6 of subsection 82 (7) of the Act, all staff who provided direct care to residents, completed their training

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related to Falls prevention and management.

A review of the Surge training record for a Registered Practical Nurse (RPN) indicated the RPN did not receive training in falls prevention and management for 2024.

The Administrator indicated the RPN was hired several years ago, and the Clinical Coordinator confirmed that the RPN did not receive training in the long-term care home's policy related to falls prevention and management in 2024.

Sources: Surge training record for the RPN, and interviews with the Administrator and Clinical Coordinator.

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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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