

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 10, 2025

Inspection Number: 2024-1423-0005

Inspection Type:

Critical Incident
Follow up

Licensee: Iris L.P., by its general partners, Iris GP Inc. and AgeCare Iris Management Ltd.

Long Term Care Home and City: AgeCare Royal Oak, Kingsville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6 -10, 2025

The inspection occurred offsite on the following date(s): January 7, 2025

The following intake(s) were inspected:

- Intake: #00121596 -Follow-up #1, CO #001 - FLTCA, 2021 - s. 19 (2) (a) relating to the home, furnishings and equipment being kept clean and sanitary. Compliance Due Date (CDD) October 9, 2024.
- Intake: #00121594 -Follow-up #1, CO #002 - FLTCA, 2021 - s. 19 (2) (c) relating to the home, furnishings and equipment being maintained in a safe condition and a good state of repair. CDD October 9, 2024.
- Intake: #00128734 -Critical Incident 2939-000036-24 - Relating to allegations of staff to resident abuse.
- Intake: #00129652 -CI #2939-000039-24 - Relating to allegations of staff to resident abuse.
- Intake: #00129424 -CI #2939-000038-24 - Relating to resident to resident responsive behaviours.
- Intake: #00130055 -CI #2939-000040-24 - Relating to resident to resident responsive behaviours.

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- Intake: #00134489 -CI #2939-000050-24 - Relating to falls prevention and management.
- Intake: #00130806 -CI #2939-000042-24 - Relating to Infection Prevention and Control (IPAC) outbreak.
- Intake: #00134531 -CI #2939-000051-24 - Relating to IPAC outbreak.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1423-0002 related to FLTCA, 2021, s. 19 (2) (a)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #002 from Inspection #2024-1423-0002 related to FLTCA, 2021, s. 19 (2) (c)

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Licensee must comply

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

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Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

Compliance Order (CO) #002 from inspection #2024-1423-0002, issued July 17, 2024, with a compliance due date of October 9, 2024, to FLTCA 2021, s. 19 (2) (c). was not complied with.

The following components of the order were not complied;

B. Complete a checklist of the work to be completed, which includes; where, how, who would be responsible for completing the work, when the work will begin, when it will be completed and how it will be maintained.

The licensee failed to ensure that the nursing desks, furniture in disrepair and identified resident room had been scheduled for repair or repairs completed as identified within their audits and their working plan.

Sources: Observations, interview with Executive Director and record review of LTCH's CO #002 action plan and electronic documents.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #001

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Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

None

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Required Programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and

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the risk of injury.

The licensee has failed to comply with the home's falls prevention and management program when a resident's Head Injury Routine (HIR) was not completed when required.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed to reduce the risk of injury are complied with.

As per the home's HIR policy, a resident was required to have monitoring conducted for 48 hours and assessments conducted while sleeping, which did not occur.

Sources: HIR Policy, Resident's incomplete HIR and interview with a registered staff member.