

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: November 14, 2025

Inspection Number: 2025-1423-0005

Inspection Type:

Complaint
Critical Incident

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 dates: November 4-7, 10, 12, 2025

The following intakes were inspected:

- Intake: #00160211 - Critical Incident (CI)#2939-000075-25 - relating to alleged neglect of resident
- Intake: #00161412 - CI #2939-000079-25 - relating to alleged improper care to resident
- Intake: #00161452 - complaint relating to resident care and falls
- Intake: #00161579 - CI #2939-000080-25 relating to maintenance and hot water
- Intake: #00162009 - complaint relating to resident care and falls

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Medication Management
Safe and Secure Home
Responsive Behaviours
Pain Management

INSPECTION RESULTS

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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. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

A door leading to a non-residential area (Boiler room) was found to be unlocked and could not restrict unsupervised access to that area by residents.

On November 4th, 2025, the boiler room door was found to have an inconsistent locking mechanism. The Environmental Services Manager attempted to secure the door without success. The Administrator and DOC were notified and the lock was replaced by a locksmith later that day. Signage was added to both sides of the boiler room door to notify staff that the door needed to be manually locked after entry.

On November 5th, 2025, the same door was found to be unlocked again, despite a new lock being installed on the door and signage in place. The Environmental Services Manager immediately arrived to lock the door and the Administrator acknowledged that a door handle with an automatic locking mechanism would likely be best suited for that room. The door handle was replaced the same day.

On November 6th, 2025, the door was found to be locked.

Sources: Observations and interview with the Administrator.

Date Remedy Implemented: November 6, 2025

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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 the risk of injury.

The home's Head Injury Routine (HIR) policy indicated that any incident where a resident's head may have come in contact with a hard surface will have a HIR initiated and assessments will be completed every 30 minutes for 2 hours, then every hour for the next 4 hours after the incident.

A resident had a fall and hit their head on the ground resulting in a HIR being initiated. A Registered Practical Nurse (RPN) did not assess or obtain the resident's vitals for the HIR on two separate occasions. RPN stated they obtained additional vitals later in the day and entered these vitals for the times that were missed on the HIR.

Sources: The home's internal investigation notes, HIR policy, resident clinical records and interview with Director of Care (DOC).

WRITTEN NOTIFICATION: Pain Management

NC #003 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.

A resident was documented as having pain on a specified date. They were administered acetaminophen at 1634 hours. The resident was documented as having pain on six subsequent occasions. The resident did not receive an assessment after initial pain interventions were ineffective. During an interview with the DOC, they stated the expectation would be that the resident would have a pain assessment completed as

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their pain was not relieved by initial interventions.

Sources: resident clinical records and interview with DOC

WRITTEN NOTIFICATION: Accommodation Services

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

Non-compliance with: O. Reg. 246/22, s. 96 (2) (a)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;

The Lift Inspection Checklist was not completed on the mechanical lifts on the Blue Spruce unit as per the home's procedure. The checklist was not completed on the day shift on October 18, 19, 23, 24, 27 and 28, 2025, the evening shift on October 17-19, 22, 23, 28, 29 and 30, 2025 and the night shift on October 24, 26 and 30, 2025. The home's procedure is to complete a visual inspection using the Lift Inspection Checklist on each mechanical lift at the beginning of each shift to ensure they are in safe working order.

Sources: Lift Inspection Checklists on Blue Spruce unit and the home's Lift and Transfer policy