Ontario

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

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 17, 2026

Inspection Number: 2026-1139-0003

Inspection Type:
Complaint
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 Aurora, Aurora

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 4, 5, 6, 9, 10, 11, 12, 13, 16, 17, 2026

The following intake(s) were inspected:

· An intake related to the fall of resident resulting in injury.

· Follow-up #1 to Compliance Order (CO) #001/ 2025-1139-0008 related to O. Reg. 246/22 - s. 95 (1) (b)- Laundry service

· An intake related to the improper care of a resident resulting in harm to resident.

· An intake related to missing controlled substances.

· An intake related to resident to resident physical abuse.

· An intake related to staff to resident abuse.

· An intake related to a complaint for not informing a Substitute Decision Maker (SDM) regarding changes in a resident's condition.

· An intake related to a complaint regarding a resident's rest routine, a fall, and responsive behavior management.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1139-0008 related to O. Reg. 246/22, s. 95 (1) (b).

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Medication Management
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

A resident reported to the home of an incident of physical abuse with an injury by another resident.
The home did not report this incident until 4 days after the home was made aware of the incident.

Sources: Resident's medical records, Critical Incident (CI) and interview with the Director of Care (DOC).

WRITTEN NOTIFICATION: Doors in a home

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

During this inspection, a resident was observed exiting the soiled linen room door located in the basement level. Upon another observation and confirmation with a laundry aide, it was identified that the soiled linen door was not being always locked.
The Director of Care (DOC) and Environmental Services Manager (ESM) acknowledged that the door must be always locked and the door lock was changed on the same day.

Sources: Observations, Interviews with a laundry aide, the DOC, and ESM.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

A Personal Support Worker (PSW) used an improper transferring technique when they assisted a resident. The resident experienced pain which lasted a couple of days and the resident required further monitoring and pain management.
The Director of Care (DOC) stated that the PSW was required to ask a second staff member to transfer the resident at that time.

Sources: CI, the home’s investigative notes, the resident's clinical records, and interview with the DOC.

WRITTEN NOTIFICATION: Bedtime and rest routines

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 45
Bedtime and rest routines
s. 45. Every licensee of a long-term care home shall ensure that each resident of the home has the resident's desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

A resident reported that another resident was disruptive throughout the night. The disturbances significantly affected the resident's ability to asleep.
As a result of the interrupted sleep the resident experienced side effects from not sleeping.

Sources: Review of resident's clinical record, interview with the staff, and the home's investigative notes.

WRITTEN NOTIFICATION: Police notification

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 105
Police notification
s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

A resident reported to the home of an incident of physical abuse with an injury by another resident.
The home did not report this incident to the local police until four days after the home was made aware of the incident.

Sources: The resident's medical records, CI, and interview with the DOC.

WRITTEN NOTIFICATION: Drug destruction and disposal

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)
Medication management system
s. 123 (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

A quantity of a controlled drug were missing from the drug destruction box upon a routine drug destruction process by the pharmacy.
The home's policy for controlled medication required that all discontinued controlled drugs to be removed to a locked controlled drug surplus cabinet in a locked room.
The home's Director of Care (DOC) indicated that the RN did not follow the home's policy for the procedure of discontinuing controlled drugs.

Sources: CI, the home's investigative notes, and interviews with staff and the DOC.