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

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

Public Report

Report Issue Date: December 4, 2025

Inspection Number: 2025-1384-0007

Inspection Type:
Complaint
Critical Incident

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

Long Term Care Home and City: AgeCare Brant, Burlington

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: November 19-21, 24- 27, 2025 and December 1-4, 2025.

The following Critical Incident (CI) intakes were inspected:
-Intake: #00158073 - related to prevention of abuse and neglect.
-Intake: #00161108 - related to resident care and services.
-Intake: #00161903 - related to resident care and services.

The following compliant intake was inspected:
-Intake: #00162357 - related to resident care and services.

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control

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Responsive Behaviours
Prevention of Abuse and Neglect
Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The plan of care for a resident identified they required specific consistency of fluids. At meal time, the resident was not provided their required fluid consistency and began coughing after consuming the fluid. The fluid was replaced with the required consistency afterwards, however, a staff who was assisting the resident with eating stated the resident refused their dessert due to the ongoing coughing.

Sources: resident's clinical health record; interviews with staff.

WRITTEN NOTIFICATION: Duty to protect

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse

by anyone and shall ensure that residents are not neglected by the licensee or staff.

Section 2 of Ontario Regulation (O. Reg.) 246/22 defines "physical abuse" as the use of physical force by anyone other than a resident that causes physical injury or pain.

A resident became physically expressive during care and a staff punched the resident resulting in injury.

Sources: resident's skin and wound assessments, the home's investigation notes, Abuse Free Communities Prevention, Education and Analysis Policy reviewed July 2025, and interview with staff.

WRITTEN NOTIFICATION: Falls prevention and management

NC #003 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 home's fall prevention and management program was not implemented for a resident. The resident required a device to be accessible when they were in bed as a fall prevention strategy. The device was placed out of reach of the resident when they were in bed.

Sources: resident's clinical health record; interview with staff, and falls prevention

and management program.

WRITTEN NOTIFICATION: Responsive behaviours

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(b) strategies are developed and implemented to respond to these behaviours, where possible; and

A resident was exhibiting physical expressions during care. Two staff did not implement the identified strategy to give the resident space and try reapproaching at a later time.

Sources: resident's care plan, the home's investigation notes, and interview with staff.

WRITTEN NOTIFICATION: Housekeeping

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with

evidence-based practices and, if there are none, in accordance with prevailing practices:
(iii) contact surfaces;

The home's system to verify the concentration of the Rapid Multi Surface Disinfectant Cleaner was to conduct daily testing of the product and make a record of the testing on the Daily Rapid Disinfectant Testing Tracking Form. Daily testing of the disinfectant was not completed.

Sources: Peroxide Multi Surface Disinfectant Testing Tracking Sheet for November 2025 in a resident home area (RHA) housekeeping closet; interview with staff.

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).

A. The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated September 2023, 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 of personal protective equipment (PPE).

i) Additional Precautions were not followed by a staff, including appropriate

application of PPE. The staff did not wear eye protection while directly caring for the resident.

Sources: observation; interview with staff.

ii) A staff was caring for a resident that required additional contact precautions. The staff did not remove their soiled gloves prior to obtaining clean supplies from the care caddie on the door to the room. Staff were to remove their gloves and sanitize their hands prior to obtaining supplies so the clean items were not contaminated.

Sources: observations; interview with staff, "Routine Practices and Additional Precautions" policy, revision approval date of October 2025.

iii) A staff did not follow appropriate application of PPE, when they donned four surgical masks for odour control when caring for a resident, who required additional precautions. The staff did not remove the masks after providing care to the resident. Staff were not to wear multiple masks and the PPE should have been removed when the task was completed.

Sources: observations; interview with staff; "Personal Protections Equipment" policy, revision approval date of October 2025.

iv) Additional precautions were required for staff caring for a resident. Staff did not remove and dispose of their soiled PPE according to the home's policy. An appropriate garbage bin that was designated for PPE removal was available in the resident's room, however, staff had discarded their used PPE into a small garbage container by the door that did not contain a lid.

Sources: observations; interview with staff; "Outbreak Management" policy, revision

approval date October 2025.

B. Under section 4.2 of the IPAC Standard, it indicated that licensee shall ensure the IPAC Lead is involved in outbreak management activities in collaboration with the interdisciplinary IPAC team and the Outbreak Management Team (OMT) and that the IPAC Lead's role shall include advising on IPAC practices to manage the outbreak and minimize risk(s) to residents and staff.

i) As part of the outbreak management meeting held at the onset of an outbreak, the IPAC Lead advised that residents were to remain on the affected neighbourhood during the outbreak. A resident was taken off the affected neighbourhood to view a room on a non-affected neighbourhood and was then transferred to that room, prior to the outbreak being declared over. The resident developed symptoms and became positive days later. The IPAC Lead was not involved in decisions around the move or the tour in collaboration with the interdisciplinary team.

Sources: outbreak management meeting minutes; interview with staff.

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 (11) (b)
Infection prevention and control program
s. 102 (11) The licensee shall ensure that there are in place,
(b) a written plan for responding to infectious disease outbreaks. O. Reg. 246/22, s. 102 (11).

The home's written plan for responding to infectious disease outbreaks identified

that staff were to continue additional precautions until 48 hours after the last symptom for gastrointestinal illness and that the IPAC Lead was responsible for discontinuing additional precautions.

A resident required additional precautions for symptoms as part of an outbreak with documented symptoms on two shifts. A staff documented in error that the resident was removed from isolation the same day symptoms were noted. Without the involvement of the IPAC Lead, the resident and family was contacted the next day to confirm the resident no longer required additional precautions, which was not consistent with the home's policy.

Sources: resident's clinical health record; interviews with staff; Routine Practices and Additional Precautions policy with revision approval date of October 2025.

COMPLIANCE ORDER CO #001 Transferring and positioning techniques

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
1. Conduct a minimum of two audits weekly of staff when assisting two residents with transferring. The audits must be conducted for a period of four weeks; and
2. Maintain a written record of audits conducted, including but not limited to: date of

audits, resident names, name of auditor(s), type of transfers completed, name of staff, and any corrective actions taken in response to the audit.

Grounds

A) A staff performed an unsafe transfer of a resident by independently operating a two-person mechanical lift, completing an improper one-person transfer to the toilet, and leaving the resident unattended, which resulted in an injury.

As a result, the resident was at risk for injury when transferred unsafely.

Sources: resident's clinical record, Resident Lift and Transfer Program last reviewed July 2024, the home's investigation notes and interviews with resident and staff.

B) Two staff were providing care to a resident, the staff performed a two person side-by-side transfer to the toilet when resident was being combative and not weight bearing at the time. Then, the staff used a specific lift to transfer resident off the toilet when a different lift was to be used.

As a result, the resident was at risk for injury when transferred unsafely.

Sources: resident's clinical records, the home's investigation notes, Resident Lift and Transfer Program last reviewed July 2024, and interviews with staff.

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This order must be complied with by January 21, 2026

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, 8th floor
Toronto, ON, M7A 1N3

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, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.