

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: January 29, 2026

Inspection Number: 2026-1384-0001

Inspection Type:

Complaint
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 Brant, Burlington

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 19 - 23, 27 - 29, 2026

The inspection occurred offsite on the following date(s): January 26, 2026

The following intake(s) were completed in this Complaint inspection:

Intake #00163435 was related to resident care and support services and the prevention of abuse and neglect.

The following intake(s) were completed in this Critical Incident inspection:

Intake #00165743/CI#2900-000053-25 was related to Infection Control and Prevention.

Intake #00164331 was a Compliance Order Follow Up.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1384-0007 related to O. Reg. 246/22, s. 40

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

Resident Care and Support Services
Infection Prevention and Control

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Prevention of Abuse and Neglect
Pain Management

INSPECTION RESULTS

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. 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).

Personal protective equipment (PPE), specifically eye protection was not available for a resident on droplet precautions. Non compliance was remedied when the Inspector confirmed that an ample supply of eye protection had been added to the PPE supply for the same resident.

Date Remedy Implemented: January 21, 2026

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #002 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) Additional Personal Protective Equipment (PPE) requirements including appropriate selection and application were not met when staff provided direct care to a resident on

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droplet precautions without donning eye protection.

Sources: Observations, Interviews with staff; Age Care Brant Routine Practices and Additional Precautions Policy ALL-ON-205-03-07 revised October 2025; Infection Prevention and Control Standard for Long-Term Care Homes (April 2022, revised September 2023).

B) Routine practices related to hand hygiene, specifically before initial resident/resident environment contact, were not followed when staff did not perform hand hygiene prior to donning personal protective equipment (PPE) and entering a resident's room.

Sources: AgeCare Brant Hand Hygiene Program Policy ALL-ON-205-02-03 revised October 2025; Observations; Interviews with staff; Infection Prevention and Control Standard for Long-Term Care Homes (April 2022, revised September 2023).

WRITTEN NOTIFICATION: Infection Prevention and Control

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

A resident presented with respiratory symptoms and required isolation. A review of their clinical records indicated that their symptoms and actions taken to reduce transmission were not recorded on every shift.

Sources: Residents clinical records; Outbreak Line List; Interviews with staff.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #004 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,

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(b) a written plan for responding to infectious disease outbreaks. O. Reg. 246/22, s. 102 (11).

The home's outbreak management policy indicates that once an outbreak is established, the outbreak management team will meet on the day the outbreak is declared. This did not occur for two outbreaks occurring in December 2025 and January 2026.

Sources: AgeCare Brant Outbreak Management Policy ALL-ON-205-04-03 revised October 2025; AgeCare Brant Outbreak Management Team Meeting Minutes (December 2025 and January 2026); Interview with staff.

COMPLIANCE ORDER CO #001 Duty to Protect

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. Develop a case study of this incident of neglect and review, in person, with all registered staff in the home, the Physiotherapist (PT), the Occupational Therapist (OT), the Registered Dietitian (RD) and all Personal Support Workers (PSWs) that work on that Home Area.
2. Maintain a written record of the case study, including who participated, the name of the person presenting the case study and the date(s) the case study was presented.
3. Dietitian will re-assess the resident's fluid intake and document rational if reducing recommended daily fluid intake.
4. Educate all registered staff on the Pain Assessment Policy and the Dementia Care Program and Responsive Behaviours Policy.
5. Maintain a written record of training provided, the date of training, name of staff attending with signature of the staff indicating understanding of training received, and the staff providing the education.

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Grounds

The licensee did not protect the resident from neglect by failing to recognize and respond to a significant change in condition through timely assessment, monitoring, documentation, escalation, and coordinated clinical interventions.

O. Reg. 246/22, s. 7 defines neglect as the failure to provide a resident with the treatment, care, services, or assistance required for health, safety, or well-being, including inaction or a pattern of inaction that jeopardizes the health, safety, or well-being of one or more residents.

Over a four-week period, the resident experienced a decline in physical and functional status. These changes were attributed to dementia progression without supporting documentation that staff completed timely assessments or monitoring to identify and respond to other potential contributing causes, and without documentation of consistent escalation or coordinated interdisciplinary intervention.

As a result, the licensee did not consistently assess, monitor, or escalate the resident's significant change in condition or ensure coordinated interdisciplinary follow-up. These cumulative failures represented a pattern of inaction that jeopardized the resident's health and resulted in hospitalization.

Sources: Resident clinical record, staff and physician interviews, Dementia Care Program and Responsive Behaviours Policy LTC-ON-200-07-13 (revised October 2025), Food and Fluid Intake Policy LTC-ON-200-02-27 (revised November 2025), Pain Management Program LTC-ON-200-05-06 (revised November 2025).

This order must be complied with by **February 27, 2026**.

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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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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

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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
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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.