

**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:** November 13, 2025

**Inspection Number:** 2025-1318-0006

**Inspection Type:**

Proactive Compliance Inspection

**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 Wenleigh, Mississauga

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 3-7, 10, 12-13, 2025.

The following intake(s) were inspected:

-Intake #00161332 was a Proactive Compliance Inspection.

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

Food, Nutrition and Hydration  
Infection Prevention and Control  
Safe and Secure Home

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Doors in a home

NC #001 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 an observation on an identified date, three doors leading to non-residential areas were found not to be locked when they were not being supervised by staff. One door leading to a non-residential area was not equipped with a lock to restrict unsupervised access.

**Sources:** Observation; interviews with staff.

## WRITTEN NOTIFICATION: Communication and response system

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

**Non-compliance with: O. Reg. 246/22, s. 20 (b)**

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,  
(b) is on at all times;

During an observation conducted by the inspector with a staff member at an identified home area:

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1) A resident room's bedside call bell was observed not turning on when it was pulled by the cord, or when it was pressed on the wall. The call did not also register on the staff member's phone, as it should have.

2) The Dining Room's call bell was observed not turning on when it was pulled by the cord. The call did not register on the staff member's phone, as it should have.

**Sources:** Observation, interviews with staff.

## **WRITTEN NOTIFICATION: Nutritional care and hydration programs**

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

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (d)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that the system to monitor and evaluate the food and fluid intake of residents with identified risks within the nutritional care and hydration program was complied with.

A resident experienced significant weight loss during an identified month. On an identified date, the resident refused their meal. However, registered staff was not informed of the resident's refusal as required by the home's Food and Fluid intake policy. Consequently, this reduction in the resident's intake was not documented in

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the 24 hour report for further follow-up and communication to staff as needed.

**Sources:** Observation, a resident's records, Food and Fluid intake policy (Policy number- LTC-ON-200-02-27), and interviews with staff.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)**

Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

In accordance with Ontario Regulation 246/22, s. 11 (1) b, the licensee is required to ensure that the system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the *Health Protection and Promotion Act*, communication plans, and protocols for receiving and responding to health alerts, was complied with.

The home's policy indicated that public health would be notified when two or more residents, presented with symptoms within 48 hours. This did not occur on an identified date, when three residents presented with symptoms.

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**Sources:** Outbreak Management Policy, last revised October 2025; interviews with staff.