

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: October 23, 2025

Inspection Number: 2025-1373-0007

Inspection Type:
Critical Incident

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 Woodhaven, Markham

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 15 to 17, and 20 to 23, 2025

The following intake(s) were inspected:

- One intake related to a fracture not related to fall of a resident.
- One intake related to an unwitnessed fall of a resident resulting in an injury.
- One intake related to a physical abuse of a resident to another resident.
- One intake related to a COVID Outbreak.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: PLAN OF CARE

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary;
or

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised when the resident's care needs changed and the care set out in the plan was no longer necessary. A resident sustained an injury that required the resident's daily care needs to change. A Personal Support Worker (PSW) indicated that the resident's condition was improving and they required a change in their care needs. The Assistant Director of Care (ADOC) confirmed that the resident required re-assessment and their care plan to be revised based on their current health status.

Sources: A resident's clinical records and interview with a PSW and the ADOC.

WRITTEN NOTIFICATION: GENERAL REQUIREMENTS FOR PROGRAMS

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 2.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.

The licensee failed to ensure that the falls prevention equipment that staff use for a resident, under the Falls Prevention and Management Program, was appropriate for the

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resident and based upon their condition. A resident's clinical records indicated they were required to have specific interventions in place. During an observation, it was noted that the specific intervention was not in place and they had removed the intervention. The ADOC confirmed that the resident's interventions have not been evaluated for the appropriateness/effectiveness and alternate interventions have not been considered.

Sources: Observations, a resident's clinical records and interviews with a PSW and the ADOC.

WRITTEN NOTIFICATION: GENERAL REQUIREMENTS FOR PROGRAMS

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee failed to ensure that actions taken with respect to a resident, under the Pain Management Program, specifically a pain assessment for the resident was documented.

On specified date, a resident was transferred to hospital and returned with a change in health status. The resident's clinical records indicated that a pain assessment was incomplete. The home's pain management program policy outlined that a formal pain assessment would be completed and documented following any resident's return from hospital, and with any significant change in status. A Registered Practical Nurse (RPN) confirmed that a pain assessment should have been completed for the resident upon their return from hospital.

Sources: A resident's clinical records, the home's Pain Management Program policy, and interview with an RPN.

WRITTEN NOTIFICATION: TRANSFERRING AND POSTIONING

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TECHNIQUES

NC #004 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.

The licensee failed to ensure that staff used safe positioning techniques when assisting a resident. The resident's health status changed and they required a change in their daily care needs. The resident's clinical records indicated that their daily care needs were not being provided as outlined in their care plan and they were experiencing pain. A PSW and the ADOC confirmed the care was not being provided as assessed and required in the resident's care plan.

Sources: A resident's clinical records, and interviews with a PSW and the ADOC.

WRITTEN NOTIFICATION: SKIN AND WOUND CARE

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)

(ii) upon any return of the resident from hospital, and

The licensee failed to ensure that a resident received a skin assessment upon return from hospital. A resident was transferred to hospital on a specified date. The resident's clinical records indicated that they did not receive a skin and wound assessment upon return from hospital. An RPN confirmed that a skin and wound assessment was to be completed and was not documented in the resident's clinical records.

Sources: A resident's clinical records, the home's Skin and Wound Care Program policy, and interview with an RPN.

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WRITTEN NOTIFICATION: PAIN MANAGEMENT

NC #006 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.

The licensee failed to ensure that a resident was assessed using a clinically appropriate assessment instrument when the resident's pain was not relieved by initial interventions. The resident was experiencing pain on a specified date and was given pharmacological interventions which was documented as ineffective. The resident's clinical records indicate a comprehensive pain assessment tool was not completed. An RPN confirmed that a pain assessment should have been completed when the initial interventions were noted to be ineffective.

Sources: A resident's clinical records, and interview with an RPN.

WRITTEN NOTIFICATION: RESPONSIVE BEHAVIOURS

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee failed to ensure that when a resident demonstrated responsive behaviours actions were taken to respond to their needs, including assessment, reassessment and interventions, as well as resident's responses to interventions were documented. On a specified date, the resident demonstrated responsive behaviours resulting in an incident with another resident. The resident's clinical records indicated that additional support was initiated following the incident and that they continued to express specified behaviours with staff and other residents. There was no documented evidence that

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monitoring was initiated and completed.

Sources: A resident's clinical records, the home's Reactive Expressions Policy, and interview with the BSO Lead.

WRITTEN NOTIFICATION: MAINTENANCE SERVICES

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Maintenance services

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

(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

The licensee failed to ensure that procedures were implemented to ensure that a resident's falls prevention equipment was kept in good repair. The resident's clinical records indicated they were required to have specified equipment. During an observation, it was noted that the equipment was not in good working order. The home's LTC Care Guide indicated that the equipment should be inspected by staff and determined if it could be used. Moreover it was to be reported immediately to registered staff if not working. A PSW and the ADOC confirmed that it was the staff's responsibility to ensure it was in working order and should have been removed for repair.

Sources: Observations, a resident's clinical records, the home's LTC Care Guide policy, and interviews with a PSW and the ADOC.

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

NC #009 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).

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The licensee failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes for additional precautions was implemented. The IPAC Standard required under section 9.1 the licensee shall ensure additional PPE requirements including appropriate selection application, removal and disposal are followed in the IPAC program.

During an observation, a housekeeper entered the room of a resident who was on additional precautions without donning the required PPE. The staff member also failed to change their PPE upon exiting the resident's room. An interview with the housekeeper acknowledged they did not wear and remove the appropriate protective equipment as per IPAC standard.

Sources: Observations, IPAC Standard, and interview with a housekeeper.



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

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