

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:** November 14, 2025

**Inspection Number:** 2025-1373-0008

**Inspection Type:**

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 Woodhaven, Markham

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 5 to 7, 10, 12 to 14 2025

The following intake(s) were inspected:

- An intake - First Follow-up #1 -CO #002/2025-1373-0006, related to O. Reg. 246/22 - s. 93 (2) (a) (ii) Housekeeping, Compliance Due Date (CDD) November 3, 2025.
- An intake - First Follow-up #1 - CO #001/2025-1373-0006, related to FLTCA, 2021 - s. 19 (2) (c) Accommodation services, CDD November 3, 2025.
- One intake related to staff to resident physical and emotional abuse.
- One intake related to a fall of a resident resulting in an injury.
- One intake related to an unwitnessed fall of resident resulting in an injury
- One intake related to resident to resident physical abuse.

## Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2025-1373-0006 related to O. Reg. 246/22, s. 93 (2) (a) (ii)  
Order #001 from Inspection #2025-1373-0006 related to FLTCA, 2021, s. 19 (2) (c)

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

Housekeeping, Laundry and Maintenance Services

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Infection Prevention and Control  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Residents' Bill of Rights

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

**Non-compliance with: FLTCA, 2021, s. 3 (1) 1.**

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

On an identified evening, a Personal Support Worker (PSW) had made a physical contact towards a resident during an interaction with the resident. The home's Executive Director (ED) indicated that the staff did not treat the resident with courtesy, respect, and dignity during their interaction that evening.

**Sources:** Critical Incident Report (CIR), the home's internal investigation notes, and an interview with the ED.

### WRITTEN NOTIFICATION: Falls prevention and management.

NC #002 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

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use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

A review of a resident's electronic clinical care records indicated the use of a device as a falls prevention intervention. However, the device was not in a functional state at the time of the incident as per record review and staff interviews.

**Sources:** CIR, a resident's electronic clinical care records, and an interview with an Registered Practical Nurse (RPN) and Assistant Director of Care (ADOC).



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

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