

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: December 18, 2025

Inspection Number: 2025-1373-0009

Inspection Type:

Complaint
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): December 9-12 and 15-18, 2025

The following intake(s) were inspected:

- An intake related to the neglect of a resident
- A complaint related to the plan of care for a resident
- A complaint regarding neglect of a resident

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

- Resident Care and Support Services
- Continence Care
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration

INSPECTION RESULTS

WRITTEN NOTIFICATION: Integration of assessments, care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

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s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The home's Social Services Worker (SSW) received documentation related to the specific dietary requirements of a resident. The Food and Nutrition Manager (FNM) placed an order for nutritional supplies for the resident, however, the order did not include all of the required supplies. Registered Dietitian (RD) #109 did not assess the resident and did not generate any dietary orders. The resident received a dietary order from the on-call physician that was different than their existing dietary orders. The Director of Care (DOC) acknowledged that the home did not have the required nutritional supplies in place for the resident and confirmed that the resident did not receive an assessment from the RD, which led to the resident receiving a different dietary regimen.

Sources: Clinical records for a resident, Invoice/Order Confirmation, RD Services Invoices, and interviews with the FNM, RD #109, the SSW, and the DOC.

WRITTEN NOTIFICATION: Plan of Care

NC #002 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

A resident's written plan of care was not updated to reflect current interventions.

The resident's written plan of care indicated that a specific intervention was in place for the resident. A staff member confirmed that the intervention was not being used for the resident.

The resident was also identified as having another intervention, however, their written plan of care did not indicate that the intervention was in place. This was confirmed by

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the DOC.

Sources: Clinical records for a resident, the home's documentation, and interviews with a Registered Practical Nurse (RPN) and the DOC.

WRITTEN NOTIFICATION: 24-hour admission care plan

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

Non-compliance with: O. Reg. 246/22, s. 27 (2) 8.

24-hour admission care plan

s. 27 (2) The care plan must identify the resident and must include, at a minimum, the following with respect to the resident:

8. Diet orders, including food texture, fluid consistencies and food restrictions. O. Reg. 246/22, s. 27 (2); O. Reg. 66/23, s. 5.

A resident was admitted to the Long-Term Care Home (LTCH) and their 24-hour admission care plan did not include a section on diet orders. RD #103 acknowledged that there was no diet orders section in the resident's 24-hour admission care plan and that the RD would be expected to create this section in the care plan. The DOC acknowledged that there was no diet orders section present.

Sources: Clinical records for a resident and interviews with RD #103 and the home's DOC.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: O. Reg. 246/22, s. 29 (4) (a)

Plan of care

s. 29 (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,

(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and

A resident was admitted to the LTCH and nursing staff generated a referral to the RD upon the resident's arrival. RD #109 did not respond to the referral and did not complete a nutritional assessment for the resident.

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Sources: Clinical records for a resident, Registered Dietitian Services Invoices, the home's policy, and interviews with RDs #103 and #109.

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) (b) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

A resident's clinical records did not reflect documentation of interventions to treat and manage altered skin integrity.

The resident developed altered skin integrity. Reassessment indicated worsening of the altered skin integrity. Documentation on the resident's written plan of care, skin and wound assessments, and electronic treatment administration record did not reflect treatment being implemented for the identified altered skin integrity.

A RPN confirmed that skin and wound assessments for the resident were incomplete.

Sources: Clinical records for a resident and interview with a RPN.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

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A resident had altered skin integrity and did not receive completed weekly assessments by a member of the registered nursing staff.

Record review and interview with a RPN confirmed that the resident did not receive completed weekly skin and wound assessments on multiple dates.

Sources: Clinical records for a resident and an interview with a RPN.

WRITTEN NOTIFICATION: Skin and Wound Care

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

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

Skin and wound care

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

(e) a resident exhibiting a skin condition that is likely to require or respond to nutrition intervention, such as pressure injuries, foot ulcers, surgical wounds, burns or a worsening skin condition, is assessed by a registered dietitian who is a member of the staff of the home, and that any changes the registered dietitian recommends to the resident's plan of care relating to nutrition and hydration are implemented. O. Reg. 246/22, s. 55 (2); O. Reg. 66/23, s. 12.

A resident was identified as exhibiting a skin condition. The resident was not referred to the RD when their skin condition was identified.

The home's Skin and Wound Program policy indicates that a referral to the RD will be completed for any skin condition that is likely to require or respond to nutrition intervention.

A registered staff member confirmed that a referral should have been completed to the RD for a new or worsening skin alteration.

Sources: Clinical records for a resident, the home's policy, and interview with a RPN.

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

A resident's care plan indicated that they required assistance from staff to have their incontinence product changed. The resident did not have their incontinence product changed on a specific date until the resident's Substitute Decision Maker (SDM) had raised a concern that the incontinence product had not been changed.

Sources: Clinical records for a resident, the home's internal investigation notes, and interviews with Personal Support Workers (PSWs) and the DOC.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #009 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.

A specific type of assessment was implemented to monitor a resident's behaviour. The assessment was not completed on multiple dates.

A registered staff member confirmed that the assessment should be filled out completely and each interval should be individually initiated at the time of the assessment.

Sources: Clinical records for a resident and interview with a RPN.

WRITTEN NOTIFICATION: Dietary services

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NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 76 (d)

Dietary services

s. 76. Every licensee of a long-term care home shall ensure that the dietary services component of the nutritional care and dietary services program includes,
(d) availability of supplies and equipment for food production and dining and snack service.

The home received information on the specific nutritional supplies and equipment required for a resident prior to their admission. The resident arrived at the home and the required nutritional supplies and equipment were not in place. Staff members acknowledged that the required nutritional equipment and supplies for the resident should have been in place prior to their admission.

Sources: Clinical records for a resident, Order Invoice/Confirmation, and interviews with RD #103, RD #109, the FNM, and the home's DOC.

COMPLIANCE ORDER CO #001 Duty to protect

NC #011 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, at minimum:

1. The home will complete a Root Cause Analysis (RCA) of the management of the identified resident's altered skin integrity. The home will keep a documented record of the RCA, the date the RCA was completed and who participated. This document will be kept and made available to the inspector upon request.
2. The home will analyze the results of the RCA and identify any deficits, inconsistencies and gaps.
3. If any deficits, inconsistencies or gaps have been identified with part #2 of the order,

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the home will determine if education is required. Should education be required, the Skin and Wound lead and/or designate is to be involved in the delivery of the education. The home shall keep a documented record of the date, who provided the education, the content of the education, attendance records with staff names and signatures and acknowledgement of understanding of the education provided. This document will be made available to the inspector upon request.

4. The DOC and/or the designated Skin and Wound Lead will conduct weekly audits for four consecutive weeks of residents on the specified Resident Home Area (RHA) that are identified as having altered skin integrities at the time of delivery of this report to ensure the initial and weekly skin assessments contain accurate and precise documentation including but not limited to measurements, treatments, care plan interventions and referrals to appropriate interdisciplinary team members (if applicable), and a final weekly assessment if the skin impairment is resolved/healed (as applicable). Documentation of the audits will include the date of the audit, the name and designation of the auditor, the name of the residents identified as having altered skin integrity, and any corrective actions when the home's process not followed. This documentation must be retained and provided to the Inspector upon request.

Grounds

A resident was not protected from improper care for altered skin integrity that resulted in harm.

In accordance with Ontario Regulation 246/22, section 7., the definition of Neglect is, "the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents."

A complaint was received by the Director for concern with the treatment and care for the resident's altered skin integrity.

The resident was identified as having altered skin integrity on a certain date and was reassessed a couple of weeks later. The resident's clinical records indicated that the resident was not referred to the RD when the altered skin integrity was identified and was only referred when the altered skin integrity had worsened at a later date, which coincided with a deterioration in the resident's health condition. The resident was transferred to hospital due to deterioration in their condition.

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The following non-compliances were identified within this report specific to the resident's altered skin integrity:

- Written Notification, O. Reg. 246/22, s. 55 (2) (b) (ii)
- Written Notification, O. Reg. 246/22, s. 55 (2) (b) (iv)
- Written Notification, O. Reg. 246/22, s. 55 (2) (e)

The resident was not protected from improper care when they were identified to have altered skin integrity and was put at risk of their condition worsening and an undetermined amount of pain.

Sources: Clinical and hospital records for a resident and interview with a RPN.

This order must be complied with by March 18, 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
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.



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

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