

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: September 22, 2025

Inspection Number: 2025-1234-0004

Inspection Type:

Complaint
Critical Incident

Licensee: Iris L.P., by its general partners, Iris GP Inc. and AgeCare Iris Management Ltd.

Long Term Care Home and City: AgeCare Aylmer, Aylmer

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 9, 10, 11, 12, 15, 16, 17, 22, 2025.

The following intake(s) were inspected:

- Intake: #00153800/Critical Incident Systems (CIS) report #2740-000017-25 related to falls prevention and intervention;
- Intake: #00155476/CIS #2740-000020-25 related to allegations of abuse;
- Intake: #00155618/CIS #2740-000021-25 related to falls prevention and intervention;
- Intake: #00157425/Complainant related to resident care.

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

Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Prevention of Abuse and Neglect

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Responsive Behaviours
Palliative Care
Falls Prevention and 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. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the home's falls prevention and management policy.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee is required to ensure that written policies and protocols were developed for the falls prevention and management program and ensure they were complied with.

Specifically, staff did not comply with the home's "Resident Fall Prevention

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Program" policy which required a specific falls intervention for a resident that was at risk for falls.

A resident who was at risk for falls was observed without the required intervention in place.

The Assistant Director of Care (ADOC) stated that currently the home did put that intervention in place for residents and they would ensure that was remedied.

The resident was observed the next day with the intervention in place.

Sources: Observations of the resident, review of the resident's clinical record and the home's "Resident Fall Prevention Program" policy #LTC-ON-200-05-03 revised July 2024; and interviews with Recreation Staff #103 and the ADOC.

Date Remedy Implemented: September 10, 2025

WRITTEN NOTIFICATION: Duty to Protect

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

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 licensee has failed to ensure that a resident was protected from neglect.

Section 7 of Ontario Regulation 246/22 defines neglect as the failure to provide a resident with the treatment, care, services or assistance required for health, safety

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or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

When a resident had a change in condition, registered nursing staff failed to provide appropriate care, treatment and assessments to maintain the resident's skin integrity and prevent skin breakdown.

A preventative plan of care to maintain the resident's skin integrity and prevent skin breakdown had not been put in place until after the resident had developed altered skin integrity.

Sources: Review of a Critical Incident Systems report, the resident's clinical records, the home's "Skin and Wound Care Program" policy LTC-ON-200-05-02, revised March 2025, the home's "Resident Return From Hospital" policy RET-ON-215-02-02, revised June 2024; and interviews with Registered Practical Nurse #107, the Skin and Wound Lead and other staff.

WRITTEN NOTIFICATION: Required Programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the home's falls prevention and management policy related to post fall documentation for a resident.

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In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee is required to ensure that written policies and protocols were developed for the falls prevention and management program and ensure they were complied with.

Specifically, staff did not comply with the home's "Resident Fall Prevention Program" policy which required registered nursing staff to document the assessment of a resident's condition in a progress note every shift for a minimum of 48 hours, following all falls.

A resident had two falls and progress notes of the resident's condition were missing on several shifts.

Sources: Review of a Critical Incident Systems report, the home's "Resident Fall Prevention Program" policy #LTC-ON-200-05-03 revised July 2024, the resident's clinical records; and interviews with Registered Nurse #102 and the Assistant Director of Care.

WRITTEN NOTIFICATION: Skin and Wound Care

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

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

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,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

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The licensee has failed to ensure that a resident received a skin and wound assessment when they developed altered skin integrity.

Sources: Review of the resident's clinical record, the home's "Skin and Wound Care Program" policy LTC-ON-200-05-02 , revised March 2025; and interviews with RPN #107 and other staff.

WRITTEN NOTIFICATION: Responsive Behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (3) (a)

Responsive behaviours

s. 58 (3) The licensee shall ensure that,

(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices;

The licensee has failed to ensure that screening protocols for responsive behaviours were implemented in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

A Behavioural Supports Ontario-Dementia Observation System (BSO-DOS) Worksheet was initiated for two residents.

The BSO-DOS analysis and planning section were not completed to review what the BSO-DOS data revealed, possible causes and contributing factors to the expressions, and identify next steps.

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Sources: Review of a Critical Incident Systems report, residents' clinical records, BSO-DOS User Guide dated June 2025; and interviews with BSO Lead, the Assistant Director of Care and other staff.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee has failed to ensure that staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

The home's "Daily Infection Surveillance" policy stated registered staff would record infectious symptoms, the clinical assessment, and follow-up actions into a progress note in Point Click Care. Ongoing documentation during the course of the infection related to the resident status and actions taken, was to be completed in the progress notes each shift.

A resident was diagnosed with an infection. There was no documentation in the resident's progress notes regarding the infection.

Sources: Review of a Critical Incident Systems report, a resident's clinical records,

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the home's "Daily Infection Surveillance" policy ALL-ON-205-03-02, revised November 2024 ; and interviews with the Skin and Wound/IPAC Lead.