

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: September 24, 2025

Inspection Number: 2025-1365-0004

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 West Williams, Kitchener

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 15-18 and 22-24, 2025.

The following intake(s) were inspected:

- Intake: #00153534, Follow-up Order #001, related to pain management,
- Intake: #00156795, related to prevention of abuse and responsive behaviours.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1365-0003 related to O. Reg. 246/22, s. 57 (1) 2.

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

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Prevention of Abuse and Neglect
Responsive Behaviours
Pain Management

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Duty to Protect

NC #001 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:

a) Review and amend the home's Reactive Expression Policy to include the following:

- 1) Who will take part of the BSO interdisciplinary team.
- 2) Each interdisciplinary team member's roles and process on who will be completing the BSO Lead duties when absent from the home.
- 3) A process that identifies the steps to be taken when a resident is identified with new or escalating verbal and physical behaviours.

b) Provide training to the home's management and registered staff on their revised

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Reactive Expression Policy. This training should include the new additions to the policy. A record should be kept of the participants, date of training, trainer name, and course material.

c) Complete an interdisciplinary assessment of a resident to identify factors that could potentially trigger altercations with other residents and identify and implement interventions to minimize the chance of further altercations. A record should be kept of participants, date and time, what was discussed, outcome and follow up actions taken.

d) The BSO interdisciplinary team to complete an analysis as to why assessments were not captured and missed for a resident's responsive behaviours and actions taken to address the findings. Ensure the analysis is kept in the home and document any follow up action that was taken when gaps were identified.

Grounds

The licensee has failed to protect a resident from abuse by another resident.

A resident was experiencing responsive behaviours towards another resident which resulted in injuries.

Staff noted that a resident was showing new and escalating responsive behaviours since their admission. No interdisciplinary assessments were completed and no interventions for the resident to ensure the safety of co-residents during that period. Furthermore, no interdisciplinary assessment was completed and no interventions were put in place after the incident.

The home's Reactive Expression Policy did not include a process on how to manage

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residents in situations of new or escalating responsive behaviours, the interdisciplinary team was not clearly identified and each team member's role.

Sources: A resident's clinical records, the Home's Reactive Expression Policy (last reviewed January 2025), interviews with the BSO Lead, a CoDOC and the Administrator.

This order must be complied with by November 4, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

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Inspection 2025-1365-0003, Written Notification, FLTCA, 2021, s. 24 (1)
Inspection 2025-1365-0002, Written Notification, FLTCA, 2021, s. 24 (1)
Inspection 2024-1365-0004, Written Notification, FLTCA, 2021, s. 24 (1)
Inspection 2024-1365-0002, Written Notification, FLTCA, 2021, s. 24 (1)
Inspection 2023-1365-0009, Compliance Order High Priority, FLTCA, 2021, s. 24 (1)

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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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

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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

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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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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.