

**Ministry of Long-Term Care**

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

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Public Report

**Report Issue Date:** December 9, 2024

**Inspection Number:** 2024-1524-0002

**Inspection Type:**

Critical Incident

**Licensee:** Haliburton Highlands Health Services Corporation

**Long Term Care Home and City:** Highland Wood, Haliburton

## INSPECTION SUMMARY

The inspection occurred onsite on November 18-21, 2024.

Six intakes related to allegations of abuse of a resident were inspected.

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

Infection Prevention and Control  
Prevention of Abuse and Neglect

## 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

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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) Conduct an interdisciplinary review of the home's abuse policies to ensure that they comply with all requirements set out under Ontario Regulation (O. Reg.) 246/22 section (s.) 103. Ensure dietary, personal support and registered staff are all included in the review.
- b) Provide retraining to every direct, indirect, or agency staff member on the home's newly updated abuse policies.
- c) The abuse retraining will include an operational description on how staff are to immediately intervene to protect residents from abuse by anyone, especially during incidents when the resident's Substitute Decision-Maker (SDM), family member or visitor is involved.
- d) Maintain a record of everything required under sections (a), (b) and (c).

**Grounds**

The licensee has failed to ensure that a resident was protected from abuse during a number of incidents of abuse, which staff did not intervene to stop.

**Sources:** Critical Incident (CI) reports, the home's internal investigation, the home policy titled "Zero Tolerance of Abuse and Neglect Policy" approved May 10, 2024, a residents electronic health care records, interview with the Director of Care (DOC) and other staff.

**This order must be complied with by** February 12, 2025

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## COMPLIANCE ORDER CO #002 Reporting certain matters to Director

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: FLTCA, 2021, s. 28 (1) 2.**

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

a) Conduct an interdisciplinary review of the home's abuse policies to ensure that they comply with all requirements set out under the Fixing Long-Term Care Act (FLTCA, 2021) s. 25. Ensure dietary, personal support and registered staff are all included in the review.

b) Provide retraining to all direct, indirect and agency staff on the home's newly updated abuse policies.

c) Develop and implement a plan to ensure the DOC and/or designate comply with the home's established process for reporting Critical Incidents to the Director.

d) Maintain a record of everything required under sections (a), (b) and (c).

### Grounds

The licensee has failed to ensure that staff involved in a number of incidents, who had reasonable grounds to suspect that a resident was being abused, immediately

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reported the suspicion and the information upon which it was based to the Director.

**Sources:** CI reports, a resident's electronic health care records, the home's abuse policy titled "Zero Tolerance of Abuse and Neglect Policy" approved May 10, 2024 and "Critical Incident Reporting" approved May 10, 2024, interview with the DOC and other staff.

**This order must be complied with by** February 12, 2025

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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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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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:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor

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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).