

**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:** February 7, 2025

**Inspection Number:** 2025-1313-0001

**Inspection Type:**

Critical Incident

**Licensee:** Hillcrest Village Inc.

**Long Term Care Home and City:** Hillcrest Village Care Centre, Midland

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 3-7, 2025.

The following two intakes were inspected:

- One Intake related to an outbreak in the home, and
- One Intake related to allegations of resident-to-resident abuse.

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

Infection Prevention and Control  
Responsive Behaviours

## 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



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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: 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

The licensee has failed to ensure that a resident's plan of care was reviewed and revised when the care set out in the plan was no longer necessary.

**Sources:** Inspector's observations, a resident's plan of care, the home's policy titled "RAI-MDS Policy" last revised November 21, 2024, interview with the Assistant Director of Care (ADOC).

The resident's plan of care was revised to accurately reflect the resident's care needs.

Date Remedy Implemented: February 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,  
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control (IPAC) was implemented



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when no receptacles were found in or directly outside rooms that required additional precautions to dispose of used PPE.

**Sources:** Inspector observations, the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022, last revised September 2023, the home's policy titled "Routine Practices and Additional Precautions for Infection Control, last reviewed June 19, 2024, interviews with the IPAC Coordinator and other staff.

On February 5, 2025, bins for disposal of used PPE were observed at the doors of rooms that required additional precautions.

Date Remedy Implemented: February 5, 2025