

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: May 6, 2025

Inspection Number: 2025-1559-0004

Inspection Type:

Complaint
Critical Incident

Licensee: Regional Municipality of Durham

Long Term Care Home and City: Hillsdale Estates, Oshawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 28 - 30, 2025 and May 1-2 and May 6, 2025

The inspection occurred offsite on the following date(s): May 5, 2025

The following intake(s) were inspected in this Critical Incident (CI) inspection:

An intake related to fall prevention and management
An intake related to the improper care of a resident
An intake related to an outbreak

The following intake(s) were inspected in this complaint inspection:

An intake related to staffing

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

Food, Nutrition and Hydration
Infection Prevention and Control
Safe and Secure Home
Staffing, Training and Care Standards
Falls Prevention and Management

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INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Dining and snack service

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

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

The licensee shall ensure that:

A) The designated manager conducts training for the recreation team and any other staff involved in the recreation activity on the day of the incident regarding the home's processes to ensure they are aware of residents' diets, special needs, and preferences. A record of the training must be maintained, including the training components, date provided, names of staff members receiving the training, and the trainer's name, until this order is in compliance.

B) The designated manager is to retrain relevant staff and volunteers on a resident's diet, special needs, and preferences. Maintain a record of the training, including the training components, the date training was provided, the names of the staff members receiving the training, and the name(s) of the staff member(s) who provided the training until this order is complied with.

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C) Conduct one audit per week for six weeks of the diet and fluid orders provided during recreation-led activities. The audits are to ensure that residents receive the correct food texture and fluid consistency according to their care plans and to verify that staff and volunteers assisting residents are knowledgeable about the residents' diet orders, special needs, and preferences. Each audit must identify individuals requiring texture-modified diets, special needs, or preferences. Records of these audits must be maintained until compliance with this order is achieved. Each audit record should include the auditor's name, the date and time of the audit, the activity name, the residents audited, whether the correct diet orders were received, the name of the staff or volunteer serving, and any corrective actions taken.

Grounds

The licensee failed to ensure that there was a process to ensure that recreation staff and volunteers assisting residents were aware of the residents' diets, special needs and preferences.

Rationale and Summary

A critical incident report was submitted to the Director

During a recreational activity, the staff provided nourishment to several residents, and one resident subsequently choked.

The resident's care plan indicated a regular diet with a cut-up texture, but staff did not check MealSuite before serving. Staff were unaware of the special dietary instructions for residents at the activity. A review of resident records showed that multiple residents should have been served regular cut-up and minced meals.

Interviews with staff confirmed that they did not reference resident information in MealSuite during the activity, which put residents at risk of being served the wrong diet, an incorrect texture, or missing special requirements.

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Sources: resident records, camera footage, home's investigation and interviews
with staff

This order must be complied with by July 2, 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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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, 9th Floor
Toronto, ON, M5S 1S4

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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.