

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: January 20, 2026

Inspection Number: 2026-1559-0001

Inspection Type:
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): January 5, 7-9, 12-14, 16, 19-20, 2026

The inspection occurred offsite on the following date(s): January 6 and 15, 2026

The following intake(s) were inspected:

- two intakes related to improper care of residents.
- two intakes related to falls
- one intake related to an allegation of resident to resident abuse
- one intake related to an unexpected death of resident.

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

- Food, Nutrition and Hydration
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

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s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

A Personal Support Worker (PSW) did not follow a resident's plan of care related to their diet. This placed the resident at increased risk of aspiration or choking and dehydration.

Sources: A Critical Incident Report (CIR), the resident's clinical records and interviews with two staff.

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

A PSW inaccurately documented they provided care to the resident on a specified date. On the same date, the Registered Practical Nurse (RPN) documented that the same resident was asymptomatic and had no voiced concerns, despite not checking the resident or attending to the resident.

Sources: the resident's clinical records, a CIR, the licensee's investigation notes and an interview with staff.

COMPLIANCE ORDER CO #001 Maintenance services

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 96 (2) (b)

Maintenance services

s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,

- (b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;

The inspector is ordering the licensee to comply with a Compliance Order

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[FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1. Develop a procedure or review or revise the current procedure to ensure that all specified assistive devices are free from damage as per the manufacturer's instructions before use. The procedure must also specify the required retention period for any assistive device that fails so it can be made available to the licensee for investigation.
2. Designate a staff position that will assume responsibility for the distribution and monitoring of the specified assistive device which will include tracking when the assistive devices are put into circulation, routine inspection to ensure they are in a state of good repair and removal from service when they exceed the recommended life expectancy as per the manufacture's instructions or they are no longer in a state of good repair.
3. Develop and implement a schedule for regular audits of the specified assistive device to thoroughly check for damages or defects in addition to the point of care checks prior to each use.

Grounds

A resident fell which resulted in an injury. An assistive device being used at the time was not in a good state of repair. The licensee did not have a program for routine audits to ensure the specified assistive devices were in a good state of repair.

Sources: a resident's clinical health records, licensee investigation, manuals, a CIR, and interviews with nine staff.

This order must be complied with by March 27, 2026

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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

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

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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

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

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.



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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