

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: July 30, 2025
Original Report Issue Date: June 27, 2025
Inspection Number: 2025-1478-0003 (A1)
Inspection Type: Complaint Critical Incident
Licensee: Haliburton Highlands Health Services Corporation
Long Term Care Home and City: Hyland Crest, Minden

AMENDED INSPECTION SUMMARY

This report has been amended to:
Compliance Order (CO) #003 grounds updated.

Compliance Due Dates (CDDs) updated.

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Inspection Type:

Complaint
Critical Incident

Licensee: Haliburton Highlands Health Services Corporation

Long Term Care Home and City: Hyland Crest, Minden

AMENDED INSPECTION SUMMARY

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Compliance Order (CO) #003 grounds updated.

Compliance Due Dates (CDDs) updated.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 16-20, 2025.

The following intake(s) were inspected:

- Two intakes related to resident falls with injuries;
- One Intake related to a medication incident;
- One intake related to a complaint received by the Director for concerns related to resident care; and,
- One intake related to allegations of resident abuse.

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

- Resident Care and Support Services
- Medication Management
- Prevention of Abuse and Neglect
- Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

The licensee has failed to ensure that when a resident's care needs changed, and a change in status was recommended based on an assessment, that the plan of care was updated to ensure that it was integrated and consistent.

Sources: A resident's progress notes, care plan and assessments; and interviews with staff.

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WRITTEN NOTIFICATION: Care not Documented

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

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

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.
2. The outcomes of the care set out in the plan of care.
3. The effectiveness of the plan of care.

The licensee has failed to ensure that the care for a resident was documented.

a) It was noted in Point of Care (POC) documentation that during a three month period, meals were not consistently documented for a specified resident.

b) Concerns were brought forward related to a resident's care. It was noted that care had not been documented consistently over a two month period.

Sources: A resident's POC documentation, and interviews with a resident's SDM and staff.

WRITTEN NOTIFICATION: Reviewing Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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,

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(b) the resident's care needs change or care set out in the plan is no longer necessary.

The licensee has failed to ensure that when a resident's care needs changed, the plan of care was updated to reflect the changes.

Sources: A resident's progress notes, and care plan; Inspector observations; nursing white board; and interviews with staff.

WRITTEN NOTIFICATION: Abuse Policy not Complied

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee failed to ensure that when a Personal Support Worker (PSW) brought forward to a Registered Nurse (RN) allegations of abuse of a resident, the RN complied with the home's policy for zero tolerance of abuse.

Sources: A resident's progress notes; internal communications; Critical Incident (CI); licensee policy; and interviews with staff.

WRITTEN NOTIFICATION: Reporting of Abuse

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NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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 licensee has failed to ensure that an allegation of physical abuse of a resident was immediately reported the Director.

Sources: A resident's progress notes; internal communications; licensee policy; and, interviews with staff.

WRITTEN NOTIFICATION: Bathing

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that a resident was offered two baths or showers per week.

Sources: A resident's progress notes and POC documentation; and interviews the

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resident's SDM and staff.

WRITTEN NOTIFICATION: Skin Assessments

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (a)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours.

The licensee has failed to ensure that a resident had a skin assessment upon admission, and after return from the hospital.

Sources: A resident's progress notes, assessments and physical chart; and interviews with staff.

WRITTEN NOTIFICATION: Turning and Repositioning

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (d)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while

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asleep if clinically indicated.

The licensee has failed to ensure that a resident, who was unable to reposition themselves in bed, was turned and repositioned every two hours.

Sources: Inspector observations; a resident's care plan and progress notes; and interviews with the family and staff.

WRITTEN NOTIFICATION: Equipment Cleaning

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (ii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids.

The licensee failed to ensure that there was a procedure consistently implemented to ensure that a resident's wheelchair was cleaned and kept free from dirt and debris.

Sources: Internal documentation process; and, interviews with a resident's SDM and staff.

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WRITTEN NOTIFICATION: Equipment in Good Repair

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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 licensee failed to ensure that a resident's wheelchair was kept in a state of good repair.

Sources: A resident's progress notes; and, interviews with staff.

WRITTEN NOTIFICATION: Police Notification

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 105

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

The licensee has failed to ensure that the police were notified after an allegation of physical abuse towards a resident was brought forward.

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Sources: A resident's progress notes; licensee policy; CI; and, interviews with staff.

WRITTEN NOTIFICATION: Verbal Complaints

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant.

The licensee has failed to ensure that a written record was kept related to verbal complaints in the home.

Sources: Licensee policy; and, interviews with staff.

WRITTEN NOTIFICATION: Director Notification

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following

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incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.

The licensee has failed to ensure that the Director was informed no later than one business day after an incident occurred that resulted in a significant change in a resident's status.

Sources: A resident's progress notes and care plan; CI; and, interviews with staff.

WRITTEN NOTIFICATION: Administration of Medication without an Order

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (1)

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

The licensee has failed to ensure that no drug was administered to a resident unless prescribed when an RN administered a medication prior to getting an order from the Nurse Practitioner (NP) or physician.

Sources: A resident's progress notes and Physician Order forms; and interviews with staff.

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COMPLIANCE ORDER CO #001 Skin and wound care

NC #015 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required.

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

The licensee shall:

- a) Develop and implement a written process for the steps staff are to take when ordered wound treatments are not available;
- b) Retrain all registered staff on this process and maintain a documented record of the training and who completed the training; and,
- c) Develop and implement a process for conducting weekly audits for a period of four weeks, to ensure that wound care is being completed as ordered. Documentation is to include actions taken if deficiencies are noted during the audits.

Grounds

The licensee failed to ensure that a resident received immediate treatment and interventions to promote healing of their wounds.

- a) The NP assessed a resident's wounds and ordered specific treatment to be applied; progress notes indicated that it was not applied as ordered, and there was no communication with the prescriber.

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b)The resident's treatment administration record (TAR) for a wound indicated that dressing changes and treatments had not been provided based on the frequency identified in the prescriber's order.

Sources: A resident's progress notes, physicians orders, and TAR; and interviews with staff.

This order must be complied with by September 12, 2025.

COMPLIANCE ORDER CO #002 Bed Rails

NC #016 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 18 (1)

Bed rails

s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,

(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident;

(b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and

(c) other safety issues related to the use of bed rails are addressed, including height and latch reliability.

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

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

The licensee shall:

Develop and implement a plan identifying how the home will meet the requirements specified in O.Reg. 246/22, s. 18 (1).

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The plan must include:

- a) the specific actions that will be taken to achieve compliance;
- b) who is responsible for completing each of the actions;
- c) target and actual dates of completion for each of the actions;
- d) how the implemented actions will be evaluated to determine their effectiveness.

Grounds

The licensee has failed to ensure that a resident was assessed and the resident's bed system was evaluated to minimize the risk to the resident when bed rails were being utilized.

Sources: Inspector observations; home's records; and, interviews with staff.

This order must be complied with by September 12, 2025

COMPLIANCE ORDER CO #003 Skin and wound care

NC #017 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated.

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

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The licensee shall:

- A) Conduct re-education for all registered staff related to the requirements for completing skin and wound assessments, and including what is to be documented in the assessment; and,
- B) Develop and implement an auditing process to ensure that skin and wound assessments are being completed as required. Audits should be completed weekly for a minimum of four weeks. Maintain documentation of the audits and any corrective action that was implemented as a result of the audits.

Grounds

The licensee has failed to ensure that a resident, who had impaired skin integrity, received a weekly skin assessment of the area.

The resident had multiple areas of impaired skin integrity that had not been assessed on a weekly basis.

Sources: A resident's progress notes, and assessments; and, interviews with staff.

This order must be complied with by September 12, 2025

COMPLIANCE ORDER CO #004 Administration of drugs

NC #018 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

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

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

The licensee shall

a) develop and implement a written process in the home to ensure that a specific medication is administered to residents as per physicians orders.

Grounds

The licensee has failed to ensure that medications were administered to a resident as prescribed.

a) On two separate occasions, a nurse administered a medication to a resident in a way that was different than the prescriber's order.

b) Staff administered a medication to a resident at a time when it was not ordered to be administered.

c) There was an order for a resident receive a specific medication, however the medication was never administered to the resident.

d) There were three noted incidents of registered staff holding a resident's medication; however, there was no order to hold the medication.

e) The NP ordered a specific medication for a resident be discontinued; however, staff continued to administer the medication for an additional period of time.

Sources: Resident's progress notes, and physician orders; licensee policy; and interviews with staff.

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This order must be complied with by September 12, 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 #004

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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In the past 36 months, a High Priority Compliance Order (HP CO) under O.Reg 246/22, was issued in report #2024-1478-0001 on May 1, 2024.

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.

COMPLIANCE ORDER CO #005 Medication incidents and adverse drug reactions

NC #019 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 147 (1) (a)

Medication incidents and adverse drug reactions

s. 147 (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident, every adverse drug reaction, every use of glucagon, every incident of severe hypoglycemia and every incident of unresponsive hypoglycemia involving a resident is,

(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health.

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:

- a) Provide re-education for all nursing staff, including DOC and Administrator related to the definition of medication incidents, and the licensee's policy; and,
- b) Keep a written record of the education including the date the education was provided, who it was provided by, what was covered, and who attended.

Grounds

The licensee has failed to ensure that medication incidents were documented related to a resident. Three separate medication incidents occurred; however, none were documented so that trends could be reviewed and analyzed.

Sources: A resident's progress notes, physicians orders; internal medication incident reports; licensee policies; and, interviews with staff.

This order must be complied with by September 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, 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
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.