

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: November 18, 2025

Inspection Number: 2025-1116-0007

Inspection Type:

Complaint
Critical Incident

Licensee: Glen Hill Terrace Christian Homes Inc.

Long Term Care Home and City: Glen Hill Strathaven, Bowmanville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 29, 30, 31, 2025.
and November 3, 4, 6, 7, 10, 12, 13, 2025.

The inspection occurred offsite on the following date(s): November 12, 14, 2025.

The following intake(s) were inspected:

- A Complaint Intake related to the care of a resident.
- A CIR Intake related to the fall of a resident resulting in a significant change in health status.
- A Complaint Intake related to the home's Skin and Wound Care Program.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Food, Nutrition and Hydration
- Residents' Rights and Choices
- Reporting and Complaints
- Falls Prevention and Management

INSPECTION RESULTS

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

WRITTEN NOTIFICATION: REPORTING CERTAIN MATTERS TO DIRECTOR

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

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

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:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The ADOC confirmed that they were aware of a medical incident that occurred for a resident on a specific date.

Review of the home's investigation notes confirmed that the resident's POA/SDM complained to the home regarding the incident and the home did not report the incident to the Director as required.

Sources: A Complaint Intake, a resident's clinical health records, the home's Complaint/Investigation Records, the home's relevant policies/procedures, and an Interview with Staff.

WRITTEN NOTIFICATION: NOTIFICATION RE PERSONAL BELONGINGS, ETC.

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

Non-compliance with: O. Reg. 246/22, s. 42 (a)

Notification re personal belongings, etc.

s. 42. Every licensee of a long-term care home shall ensure that a resident or the resident's substitute decision-maker is notified when,

(a) the resident's personal aids or equipment are not in good working order or require repair; or

A resident's POA/SDM confirmed that on a specific date, they observed that the resident did not have personal aids/equipment or equipment in good working order and that the home did not notify the POA/SDM.

Sources: A Complaint Intake, a resident's clinical health records, Inspector Observations, and Interviews with a resident's POA/SDM, and Staff.

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

WRITTEN NOTIFICATION: SKIN AND WOUND CARE

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

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

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,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

Review of a resident's Electronic Treatment Administration Records (ETAR), confirmed that the resident required a Skin and Wound Assessment on a specific date/time. Further review confirmed that a Skin and Wound Assessment, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, was not conducted on a specific date/time as required.

Sources: A Complaint Intake, a resident's clinical health records, the home's Skin and Wound Care Program resident lists, relevant policies/procedures, and Interviews with Staff.

WRITTEN NOTIFICATION: DEALING WITH COMPLAINTS

NC #004 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.

Review of the home's Complaint Records confirmed that the home received a complaint

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

regarding a medical incident for a resident that occurred on a specific date.

Review of the home's Investigation Records confirmed that the Complaint Records did not indicate a date/time the complaint was received or any communication with or response from the complainant. Further review confirmed that the complaint was not resolved within 24 hours and did not indicate any actions taken to resolve the complaint, nor the perception of complainant's satisfaction level at the conclusion of investigation as required.

Sources: A Complaint Intake, a resident's clinical health records, the home's Complaint/Investigation Records, relevant policies/procedures, and an Interview with Staff.

WRITTEN NOTIFICATION: SAFE STORAGE OF DRUGS

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

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(ii) that is secure and locked,

Review of a resident's Medication Administration Records (MAR) and Care Plan confirmed that the resident required two medications administered by Registered Staff.

On a specific date/time, Inspector observed that the resident's medications were left unsecured in an unlocked area.

Sources: A Complaint Intake, a resident's clinical health records, the home's relevant policies/procedures, Inspector observations, and an Interview with Staff.

WRITTEN NOTIFICATION: ADMINISTRATION OF DRUGS

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

Non-compliance with: O. Reg. 246/22, s. 140 (3) (b) (ii)

Administration of drugs

s. 140 (3) Subject to subsections (4) and (6), the licensee shall ensure that no person administers a drug to a resident in the home unless,
(b) where the administration does not involve the performance of a controlled act under

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

subsection 27 (2) of the Regulated Health Professions Act, 1991, the person is,
(ii) a personal support worker who has received training in the administration of drugs in accordance with written policies and protocols developed under subsection 123 (2), who, in the reasonable opinion of the licensee, has the appropriate skills, knowledge and experience to administer drugs in a long-term care home, who has been assigned to perform the administration by a member of the registered nursing staff of the long-term care home and is under the supervision of that member in accordance with any practice standards and guidelines issued by the College of Nurses of Ontario, and who,
(A) meets the requirements set out in subsection 52 (1) or who is described in subsection 52 (2), or
(B) is an internationally trained nurse who is working as a personal support worker. O. Reg. 66/23, s. 28 (1).

An RPN confirmed that a resident's medication was to be left in the resident's bedroom for PSWs to administer.

The Administrator confirmed that the home did not have a written policy and protocol developed for PSW training on the administration of drugs.

Sources: A complaint intake, a resident's clinical health records, the home's relevant policies/procedures, Inspector observations, and Interviews with Staff.

COMPLIANCE ORDER CO #001 PAIN MANAGEMENT

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 57 (1) 1.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

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

The Inspector is ordering the licensee to:

- 1-The DOC or designate will re-educate all Registered Staff responsible for the care of two residents on the home's process and procedure for conducting a resident specific pain assessment. The home will keep a written record of the education provided, which includes, education content, the date of the education, the name of the educator, and

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

the names and signature of Registered Staff that were educated.

2-The DOC or designate will review/update the care plans of two residents, to ensure that their care plans are up to date and indicate a resident specific pain assessment is required. The DOC or designate will review/update any other records of the two residents, in accordance with the home's policies/procedures to ensure that it is indicated that the resident requires a specific assessment for pain.

3-The home will keep a written record that includes any and all revisions/updates to the two resident's care plan and health records.

Grounds

1-The DOC confirmed that Registered Staff were to conduct a specific resident pain assessment in Point Click Care (PCC) for a resident.

Review of a resident's care plan confirmed they required a specific pain assessment to be conducted related to pain monitoring.

Review of a resident's clinical health records confirmed that the resident had a medical incident on a specific date, was exhibiting symptoms of pain over a duration of time, which was congruent with an identified medical diagnosis.

Review of a resident's pain assessments confirmed that Registered Staff did not conduct any resident specific pain assessments as required. Furthermore, the DOC confirmed that the resident was exhibiting symptoms of pain, and that Registered Staff should have conducted resident specific pain assessments and did not.

Sources: A Complaint Intake, a resident's health records, the home's relevant policies/procedures, and an Interview with Staff.

2-Review of a resident's care plan confirmed they required a specific pain assessment to be conducted related to pain monitoring. Further review confirmed that a specific pain assessment was to be conducted for a specified indication. This was further confirmed by an RPN.

Review of a resident's progress notes, for a specific date/time, confirmed an incident occurred which required a resident specific pain assessment to be conducted.

Review of a resident's pain assessments confirmed that a resident specific pain

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

assessment was not conducted after the incident as required.

Sources: A Complaint Intake, a resident's clinical health records, the home's Skin and Wound Care Program resident lists, relevant policies/procedures and Interviews with Staff.

This order must be complied with by February 2, 2026

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

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

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

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.



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

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702