

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:** February 6, 2026

**Inspection Number:** 2026-1116-0002

**Inspection Type:**

Follow up

**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): February 4-5, 2026.

The following intake(s) were inspected:

-Intake: #00163011 - Follow-up #01-CO #001/ 2025\_1116\_0007, O. Reg., 246/22, s. 57(1)1, Pain Management, CDD February 2, 2026.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2025-1116-0007 related to O. Reg. 246/22, s. 57 (1) 1.

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

Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Conditions of Licence

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

**Non-compliance with: FLTCA, 2021, s. 104 (4)**

Conditions of licence

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s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has not ensured compliance with CO#001 found in inspection #2025\_1116\_0007 issued November 18, 2025, with a compliance due date of February 2, 2026.

### Rationale and Summary

Specifically for part one of the compliance order, required registered staff to be re-educated for the care of specific residents on the home's process and procedure for conducting resident specific assessments. Three registered staff that could provide care to the residents were found not to be re-educated. Part 2 of the compliance order required the care plans for specific residents to be updated and to include the resident requiring a specific assessment. This was not completed by the home.

**Sources:** Review of education sign in sheets and review of the resident's current care plans [741736]

**An Administrative Monetary Penalty (AMP) is being issued on this written notification 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 Written Notification NC #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, 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 an order under s. 155 of the Act.

### **Compliance History:**

Compliance order #001 from inspection# 2025\_1116\_0007 served on November 18, 2025, with a compliance due date of February 2, 2026.

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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.



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

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