

**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:** July 9, 2025

**Inspection Number:** 2025-1513-0003

**Inspection Type:**

Critical Incident  
Follow up

**Licensee:** Unionville Home Society

**Long Term Care Home and City:** Union Villa, Unionville

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 2-4, 7-9, 2025

The following intake(s) were inspected:

- Intake: #00147053 - Follow-up #1 - CO (HP) #001, 2025\_1513\_0002, O. Reg. 246/22 - s. 102(8) Infection Prevention Control, CDD:2025-07-02
- An intake related to a fall.
- An intake related to alleged abuse of a resident.

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1513-0002 related to O. Reg. 246/22, s. 102 (8)

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

Infection Prevention and Control  
Prevention of Abuse and Neglect

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Falls Prevention and Management

## INSPECTION RESULTS

### 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) 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 failed to inform the Director of alleged 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.

On a specified date, a resident reported to a PSW that a PSW had assaulted them. The PSW failed to report these allegations until a specified date, when the resident re-stated the allegation.

**Sources:** investigation notes, interview with Director of Care.

### WRITTEN NOTIFICATION: Licensee must comply

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

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

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Conditions of licence

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

The licensee failed to comply with Compliance Order (CO) #001 CO (HP) #001, issued under O. Reg. 246/22 - s. 102(8) Infection Prevention Control, during inspection 2025\_1513\_0002 issued on May 8, 2025 with a compliance due date of July 2, 2025.

The following components of the Compliance Order were not complied with:

- 1) The IPAC lead or designate to complete a daily audit at one meal service (alternate meal services to include all three meals) for three weeks, on residents being assisted with hand hygiene in Cedar Grove and Union Mills home area.
- 2) Provide on-the-spot education required and corrective actions to the staff if issues are identified in the audits
- 3) The audits must be documented and should include the following: the date and time of the audit, the home area, and the auditor's name, and any remedial actions taken when issues are identified, Provide the documented records to the Inspector upon request.

**Rationale and Summary**

A review of completed audits supplied to the Inspector by the long-term care home (LTCH) showed that although some audits had been completed, they had not been completed as required in the compliance order.

**Sources:** hand hygiene audits, interview with IPAC lead.

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

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**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 #002**

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:**

A CO (HP) was issued to O. Reg. 246/22 s. 102 (8) on May 8, 2025 during Critical Incident Inspection #2025-1513-0002.

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

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licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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