

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 22, 2025

Inspection Number: 2025-1625-0001

Inspection Type:

Critical Incident
Follow up

Licensee: Regional Municipality of Durham

Long Term Care Home and City: Hillsdale Terraces, Oshawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 13 -17, January 20 - 22, 2025.

The following intake(s) were inspected in this Critical Incident (CI) inspection:

- An intake related unexpected death
- Three intakes related to abuse
- Two intakes related to Outbreak
- Three intakes related to falls

The following intake were inspected in this Follow-up (FU) inspection:

- An intake related to Infection Prevention and Control.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1625-0003 related to O. Reg. 246/22, s. 102 (2) (b)

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

- Resident Care and Support Services
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Safe Transferring and Positioning

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure staff used safe transferring and positioning techniques when provided care to resident.

A critical incident report (CIR) was submitted to the Director, resident had a fall, resulting significant change in their health. Staff did not follow safe transferring and positioning techniques as indicated in resident's care plan.

Source: Interview with staff, resident's clinical records.

WRITTEN NOTIFICATION: Following Home's Falls Program/Policy

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee failed to comply with the Home's Fall Prevention and Management policy when responding to a witnessed fall.

In accordance with O. reg 246/22, s. 11 (1) (b), the licensee is required to ensure the written policy that deals with when a person witnessing the resident's fall acknowledges the fall, assesses the environment, does not move the resident, and notifies the RN/RPN is complied with.

Specifically, Staff did not comply with the licensee's Fall Prevention and Management policy by not acknowledging the fall and moved resident after the fall before notifying RN/RPN

Source: Interview with staff, resident's clinical records, Home's Falls Prevention and Management Policy

WRITTEN NOTIFICATION: Infection Prevention and Control

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

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s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b) Infection prevention and control program s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the infection prevention and control (IPAC) Standard for LTCHs issued by the Director was complied with.

In accordance with Additional Requirement 7.3 under the IPAC Standard for LTCHs (April 2022, revised September 2023), the licensee has failed to ensure that audits are performed regularly (at least quarterly) to ensure that all staff can perform the IPAC skills required of their role, as confirmed by the IPAC lead of the home.

Sources: Review of available audits in the home, and an interview with the IPAC lead.

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