

**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:** March 20, 2025

**Inspection Number:** 2025-1625-0002

**Inspection Type:**

Complaint  
Critical Incident

**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): March 17-20, 2025.

The following intake(s) were inspected:

- Intakes related to alleged abuse.
- Intake related to a complaint regarding alleged abuse
- Intake related to resident fall
- Intake related to a complaint regarding staffing

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

Infection Prevention and Control  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Pain Management

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## 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; and

The licensee failed to ensure that the resident's assessments were integrated and were consistent and complemented each other.

The resident sustained a fall, which resulted in injury. Multiple observations documenting the resident's physical outcomes of the injuries and pain levels did not demonstrate an integration of assessments, to identify the source of the ongoing pain and subsequent appropriate treatment.

**Sources:** resident #007's clinical records, interview with RCC #111.

### WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

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The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The resident was approached for their routine morning care. The resident resisted care from the moment it began and responsive behaviors escalated. Despite the escalation of the responsive behaviours, PSW #110 and #107 continued with the care.

Acting Director of Care (DOC) #102 indicated that the expectation is for PSWs to follow the care plan's directions and not to work through responsive behaviors.

**Sources:** Interview with acting DOC #102, interview with PSW #110 and #107, Point Click Care (PCC) progress notes, and PCC care plan.

## **WRITTEN NOTIFICATION: 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,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that the resident's plan of care was reviewed, revised, and updated when there was a change in the resident's care needs.

Daily documentation in the progress notes indicated the resident exhibited responsive behaviors, during care for a period exceeding six months.

A review of the care plan indicated that there were no specific interventions

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outlined to address the resident's known responsive behaviors.

PSW #110 indicated that the resident's responsive behaviors were expected and considered normal; and there were no specific interventions outlined in the care plan to address these behaviors.

Acting DOC #111 confirmed that the home was aware of these responsive behaviors, and the gaps in the care plan were identified during the investigation of the incident. They also agree that the care plan should have been updated with the changing needs of the resident.

**Sources:** Interview with acting DOC #102, interview with PSW #110, PCC progress notes, and PCC care plan.

## **WRITTEN NOTIFICATION: Policy to promote zero tolerance**

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 has failed to ensure that their written policy to promote zero tolerance of abuse and neglect of residents was complied with. Specifically, when Registered Nurse (RN) #108 failed to immediately report and respond to an allegation of physical abuse.

**Sources:** Resident's clinical records, Abuse and Neglect- Prevention, Reporting, and Investigation Policy, ADM-01-03-05, revised November 2024, and interview with RN

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#108, PSW #109 and RCC #111.

**WRITTEN NOTIFICATION: Pain management**

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

**Non-compliance with: O. Reg. 246/22, s. 57 (2)**

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee failed to ensure that a resident was assessed using a clinically appropriate assessment instrument when they returned from hospital and were experiencing a new pain.

The resident sustained a fall, and was transferred to hospital for assessment and treatment of right wrist pain and left shoulder pain. Upon return from hospital, the resident was complaining of severe pain. They were not assessed for pain using a clinically appropriate assessment tool upon return.

**Sources:** Pain Management Policy #: INTERD-03-10-01 (revised Feb/25), resident #007's clinical records.

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

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