

## Order of the Director Public Report Cover Sheet

**Date of the Order:** December 10, 2025

**Director Order Number:** DO #001

**Order Type:** Compliance Order s. 155 (1) (a)

**Licensee:** Regional Municipality of Durham

**Long Term Care Home and City:** Hillsdale Terraces, Oshawa

### ORDER OF THE DIRECTOR SUMMARY

Compliance Order #002 (CO #002) was issued in inspection report #2025-1625-0005 for the licensee's non-compliance with s. 102 (2) (b) of O. Reg. 246/22 (Regulation) under the Fixing Long-Term Care Act, 2021 (FLTCA).

Following a review of CO #002 pursuant to s. 169 of the FLTCA, CO #002 is altered and substituted by this Director Order.

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Following a review of CO #002 pursuant to s. 169 of the FLTCA, CO #002 is altered and substituted by this Director Order.

#### Background

Compliance Order #002 (CO #002) was issued in inspection report #2025-1625-0005 for the licensee's non-compliance with s. 102 (2) (b) of O. Reg. 246/22 (Regulation) under the Fixing Long-Term Care Act, 2021 (FLTCA).

Following a review of CO #002 pursuant to s. 169 of the FLTCA, CO #002 is altered and substituted by this Director Order.

**Order:** DO #001

To Regional Municipality of Durham, you are hereby required to comply with the following order by the date(s) set out below:

### Pursuant to

Order pursuant to FLTCA, 2021,

### 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).

### Order

Regional Municipality of Durham, ('the licensee') is ordered:

1. Ensure education/training is provided to a staff member specifically around the cleaning and disinfecting duties while cleaning resident rooms, including when enhanced precautions are in place and around the appropriate use of PPE during those duties. Keep a record of the education provided and the date(s) it was received.
2. Ensure education/training is provided to a staff member specifically around enhanced precautions and what PPE is required for each different precaution. Keep a record of the education provided and the date(s) it was received.

### Grounds

1. Ensure that a standard issued by the Director with respect to infection prevention and control (IPAC), in accordance with Section 9.1 under the IPAC Standard for long-term care homes (Sept 2023), when at minimum, Additional Precautions shall include; f) Additional PPE requirements including appropriate selection, application, removal and disposal.

On a specific date a staff member was observed leaving a resident room (in isolation) with their soiled gloves on, pushing their cart down the hall and around the

corner, to the housekeeping closet without doffing their gloves. The employee said they had the gloves on to clean the last room, were aware they were supposed to doff their gloves but, forgot to remove them afterward.

On a specific date the employee was observed cleaning a resident room. They were seen wearing their soiled gloves when they went back and forth several times from the resident room to the clean area of the housekeeping cart to retrieve product bottles, stored with the clean supplies inside the cart. The staff member acknowledged that they were taught to change their gloves when they finished a resident room (when gloves were soiled) but were unaware that they had contaminated the housekeeping cart when they went back for supplies without removing their gloves. The staff member said soiled gloves were to be removed prior to accessing the housekeeping cart. The Home's policy, Regional Municipality of Durham Policy IC-05-10-02 titled "Isolation Cleaning and Cleaning during Outbreak" approved December 3, 2024, directed staff to don and doff PPE at the appropriate and intervals required during the process of isolation cleaning. Further, the inspector was advised that it was in the workers job routine to perform hand hygiene and change gloves if needing to go back to their cart.

On a specific date another staff member was observed entering a room without donning the required PPE. Additional precaution signage indicating full PPE was required and posted on the door of a room however, the staff member only donned gloves while inside the bathroom with the resident. Another staff member confirmed that the posted signage was incorrect, the resident was actually on contact precautions as directed by public health, and only gloves and a gown were required prior to entering the resident's room. The staff member only donned gloves prior to entering the room, was seen carrying an assisted device walker into the resident's room and being in the resident's bathroom with them. Afterward, despite seeing the precaution signage the staff member was unable to identify what PPE was required.

Both staff members failed to select, apply and/or remove the required PPE despite several residents on the home area being in isolation as directed by public health.

Sources: Observations, and interview with members of the LTCH.

2. Ensure that a standard issued by the Director with respect to infection prevention and control (IPAC), in accordance with Section 9.1 under the IPAC Standard for long-term care homes (Sept 2023), when at minimum, Additional Precautions shall include g) Modified or enhanced environmental cleaning procedures.

On a specific day, it was observed that there were only two soiled green microfibre cloths, one soiled pink cloth (used for bathrooms), one mop head in a soiled bag and one mop head attached to the mop on the side of the housekeeping cart, a staff member finished cleaning the entire Home area. The staff member confirmed that despite having a number of unused cloths and mop heads available, they had used the same microfibre cloths for multiple rooms.

The Home's policy, Regional Municipality of Durham Policy IC-05-10-02 titled "Isolation Cleaning and Cleaning during Outbreak" approved December 3, 2024, directed staff to replace the microfibre mop pads before going into the next room. Best Practice for cleaning and disinfecting resident rooms on additional precautions, recommended in the PIDAC Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings document, states that all cleaning tools and equipment such as cloths and mop heads/pads are to be used to clean a room and must be cleaned and disinfected after use before being used in another room to avoid cross-contamination. Another staff member said that the process in the home was to use a new microfibre cloth or mop head after cleaning a resident's room and

prior to moving to another room. The staff member failed to complete enhanced environmental cleaning procedures as directed by the Home's policy and set out in best practice when several residents on the home area were in isolations and enhanced precautions in place.

Sources: Observations, and interview with staff members of the LTCH, Regional Municipality of Durham Policy IC-05-10-02 titled "Isolation Cleaning and Cleaning during Outbreak" last reviewed November 5, 2024, and approved December 3, 2024, PIDAC Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings document.

**This order must be complied with by:** November 14, 2025

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## REVIEW/APPEAL INFORMATION

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### TAKE NOTICE

Pursuant to s. 170 of the Fixing Long-term Care Act, 2021 the licensee has the right to appeal any of the following to Health Service Appeal Review Board (HSARB):

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, 8<sup>th</sup> Floor  
Toronto, ON M7A 1N3  
email:

[MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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

Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8th floor  
Toronto, ON, M7A 1N3

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](http://www.hsarb.on.ca).