

Ministry of Long-Term Care

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

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: May 6, 2025

Inspection Number: 2025-1313-0003

Inspection Type:

Proactive Compliance Inspection

Licensee: Hillcrest Village Inc.

Long Term Care Home and City: Hillcrest Village Care Centre, Midland

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 28-30, 2025 and May 1-2, 5-6, 2025.

The following intake(s) were inspected:

- Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Residents' and Family Councils
Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas were locked when they were not being supervised by staff.

Specifically, it was observed that throughout the home tub and shower room doors were not locked when they were not being supervised by staff.

Sources: Inspector observations; staff communication; and interviews with staff.

On May 6, 2025, the Inspector observed that all of the tub and shower doors in the home were closed and locked when not being supervised by the staff.

Date Remedy Implemented: May 6, 2025.

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure the current version of the visitor policy was posted in the home.

On April 28, 2025, it was observed the visitor policy was not posted in the home.

Sources: Inspector observations, email communication, and interview with the staff.

On April 29, 2025, the Inspector observed that the policy was posted in the home.

Date Remedy Implemented: April 29, 2025.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,

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- i. the date the survey required under section 43 of the Act was taken during the fiscal year,
- ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
- iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the continuous quality improvement initiative report contained all of the required information.

Specifically, the report did not include the date the resident and family caregiver experience survey (required under s. 43 of the Act) was taken during the fiscal year, did not contain the results of the survey, and did not contain how and when the survey results were communicated to the residents and their families, Residents' Council, and members of the staff in the home.

Sources: Review of the the home's report; and interview with staff.

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