

**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

**Original Public Report**

<b>Report Issue Date:</b> May 30, 2024	
<b>Inspection Number:</b> 2024-1629-0003	
<b>Inspection Type:</b> Complaint Critical Incident Follow up	
<b>Licensee:</b> Glen Hill Terrace Christian Homes Inc.	
<b>Long Term Care Home and City:</b> Glen Hill Terrace, Whitby	
<b>Lead Inspector</b> Rita Lajoie (741754)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Julie Dunn (706026)	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): May 7 - 10, 13 - 16, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>Follow-up (first) to inspection 2023-1629-0004, Compliance Order (CO) # 001 FLTCA, 2021 s. 24 (1) with Compliance Due Date (CDD) of March 8, 2024</li> <li>Follow-up (first) to inspection 2023-1629-0004, CO # 002 O. Reg. 246/22 s. 55 (2) (b) (iv) with CDD of March 8, 2024</li> </ul>
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- Follow-up (first) to inspection 2023-1629-0004 CO # 003 O. Reg. 246/22 - s. 55 (2) (d) with CDD of March 8, 2024
- Related to fractures of unknown cause
- Related to complaint regarding resident abuse/neglect, staffing issues, plan of care
- Related to improper care of resident
- Related to ARI - COVID Outbreak
- Related to staff to resident physical abuse.

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2023-1629-0004 related to FLTCA, 2021, s. 24 (1) inspected by Julie Dunn (706026)

Order #002 from Inspection #2023-1629-0004 related to O. Reg. 246/22, s. 55 (2) (b) (iv) inspected by Rita Lajoie (741754)

Order #003 from Inspection #2023-1629-0004 related to O. Reg. 246/22, s. 55 (2) (d) inspected by Rita Lajoie (741754)

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

Skin and Wound Prevention and Management  
Resident Care and Support Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect

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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. 267 (2) (a)**

Visitor policy

s. 267 (2) Every licensee of a long-term care home shall maintain visitor logs for a minimum of 30 days which include, at a minimum,

(a) the name and contact information of the visitor;

O. Reg. 246/22 s. 267 (2) (a) The licensee failed to ensure that the visitor sign-in books for the LTC home included collection of contact information for visitors.

### Rationale and Summary

On entering the LTCH, it was observed that the visitor sign-in book included designated spaces for visitors to enter the date, name of visitor, reason for visiting, time entering and leaving the LTC home, field to indicate if self-screening for symptoms was completed, and field to indicate completion of hand hygiene. The information collected did not include any contact information for the visitors to the LTC home.

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In an interview, the Administrator acknowledged there was no collection of visitor contact information in the visitor sign-in books as per regulation requirement. They indicated that staff #118 oversaw the visitor sign-in books, and would take steps to resolve the issue immediately.

It was observed that the updated visitor sign-in pages included a field that was added to collect visitors' phone numbers.

**Sources:** Observations, Visitor sign-in books, interviews with staff.  
[706026]

Date Remedy Implemented: May 15, 2024

## **WRITTEN NOTIFICATION: Nutritional care and hydration programs**

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

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(c) the implementation of interventions to mitigate and manage those risks;

Non-compliance with O. Reg. 246/22 s. 74 (2) (c)

The licensee failed to ensure that interventions were implemented to mitigate and manage identified Nutritional care and hydration risks for a resident.

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**Summary and Rationale**

A complaint was received by the Director related to improper care of a resident.

The care plan for the resident indicated that they required assistance in maintaining nutritional status. There was a physician's order for specialized nutritional and hydration support that indicated the resident was to receive nutritional intervention at specific times.

In an interview, a Registered Practical Nurse (an RPN) communicated that the resident was to receive the nutrition intervention at specified times. The RPN recalled starting a shift and the RPN checked and noted that the nutritional intervention was not provided as ordered for the resident and documented into the resident's chart.

The LTCH's internal investigation notes indicated that the RPN who was on duty at the time did not know how to administer the resident's nutritional intervention so did not administer it and did not call the Registered Nurse (RN) in charge for assistance.

The Administrator confirmed that nutritional support was missed on a specific date for the resident and indicated there was an internal investigation and the RPN who was on duty at the time was no longer working at the LTCH. .

Failing to ensure that the nutritional intervention was appropriately implemented for the resident increased risks to the resident's ability to maintain adequate nutrition and hydration.

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**Sources:** Interviews with staff, clinical records, LTC home's internal investigation documents.  
[706026]

## **WRITTEN NOTIFICATION: Infection Prevention and Control Program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.**

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

The Licensee has failed to ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

### **Rationale and Summary**

At the time of inspection the LTCH was in outbreak.

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Multiple observations were completed during the initial tour and on subsequent days prior to lunch or snacks being served to residents. Residents were not consistently supported in performing hand hygiene (HH) prior to being offered lunch options that included sandwiches or snacks that included cookies.

Review of the LTC home's Hand Hygiene Program indicated that PSWs and Recreation/Program staff will: Wash the resident's hands before and after eating, after toileting, when hands are soiled.

In an interview the IPAC lead confirmed that if a resident is offered a snack the expectation is that they are supported in performing hand hygiene prior to eating.

Failing to support residents in the performance of hand hygiene prior to meals and snacks places them at increased risk of exposure to infectious agents.

**Sources:** observations, interview with IPAC lead, LTC homes Hand Hygiene Policy [741754]

## **WRITTEN NOTIFICATION: Administration of drugs**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 140 (2)**

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that nutritional support was administered for a resident

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in accordance with the directions for use specified by the prescriber.

**Summary and Rationale**

A complaint was received by the Director related to improper care of a resident.

The care plan for the resident identified that the resident required specific nutritional intervention to assist in maintaining nutritional status.

The electronic medication administration record (eMAR) for the resident for a specific month included the prescribed directions for nutritional intervention.

In an interview, a Registered Practical Nurse (an RPN) communicated that the resident had a prescribed order for nutritional intervention with a specific administration instructions. The RPN recalled starting a shift and noted that the nutritional intervention had not been provided as specified in the prescribed order.

The LTCH's internal investigation notes indicated that the RPN who was on duty at the time did not know how to administer the nutritional intervention, therefore did not administer it at the specified time noted in the prescribed directions, and did not call the Registered Nurse (RN) in charge for assistance.

The Administrator confirmed that the nutritional intervention was not provided on a specific date for the resident, as prescribed and indicated there was an internal investigation and the RPN who was on duty at the time was no longer working at the LTC home.

Failing to ensure that nutritional intervention was administered for the resident, as prescribed, increased the risk of resident's ability to maintain adequate nutrition and



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hydration.

**Sources:** Interviews with staff, clinical records, LTC home internal investigation documents.  
[706026]

## WRITTEN NOTIFICATION: CMOH and MOH

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

**Non-compliance with: O. Reg. 246/22, s. 272**

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The Licensee has failed to ensure that Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings issued by the Ministry of Health Effective: April 2024 was followed in the home. In accordance with these recommendations the Licensee was required to ensure that Alcohol-based hand rubs (ABHR) must not be expired.

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**Rationale and Summary**

At the time of inspection the LTC home was in outbreak.

During the initial tour of the home Inspector noted multiple dispensers in different areas of the home containing alcohol based hand rub (ABHR) that was past the expiry date listed on the containers throughout the building e.g. 2023/02

The IPAC lead was advised of the observations made during the initial tour. Inspector completed a second tour four days after the initial tour and observed that the expired ABHR had not been replaced.

In an interview the IPAC lead was unable to confirm that an audit process was in place for ensuring that ABHR is checked for expiry dates. A review of the job descriptions for the Housekeeping / Laundry Supervisor and the Housekeeping Aides did not specify responsibility for checking ABHR expiry dates

By failing to ensure that ABHR available on resident care areas was maintained at 70-90% alcohol content, the licensee placed residents at risk of exposure to infectious organisms.

**Sources:** observations, interview with IPAC lead, LTC homes Hand Hygiene Policy Superior Facility Services: Housekeeping/Laundry Services Policy and Procedure - Housekeeping Supervisor Job Description and Housekeeping Aide Job Description (revised, April 2022)

[741754]