

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: June 6, 2025

Original Report Issue Date: May 15, 2025

Inspection Number: 2025-1629-0002 (A1)

Inspection Type:

Critical Incident

Licensee: Glen Hill Terrace Christian Homes Inc.

Long Term Care Home and City: Glen Hill Terrace, Whitby

AMENDED INSPECTION SUMMARY

This report has been amended to:

Written Notification #003 was amended to correct a text error.

The finding #2 is being corrected from IPAC Standard 9.1 (h) to 9.1 (d).

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 13 - 15, 2025

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

An intake related to an Outbreak

An intake related to falls prevention and management

An intake related to resident-to-resident physical abuse

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

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Infection Prevention and Control
Responsive Behaviours
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #001 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 failed to ensure compliance with its written policy promoting zero tolerance for the abuse and neglect of residents.

Section 2. (1) (c) of the Ontario Regulation 246/22 defines "physical abuse" as, the use of physical force by a resident that causes physical injury to another resident.

A critical incident report was submitted to the Director, detailing a resident-to-resident altercation. One resident physically abused another, resulting in an injury.

Sources: Interview with staff, clinical records for resident, LTC Home's incident investigation record and abuse Policy.

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WRITTEN NOTIFICATION: Hazardous substances

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

Non-compliance with: O. Reg. 246/22, s. 97

Hazardous substances

s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee failed to ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

Hazardous substances were observed that were not labelled or locked on the housekeeping carts.

Sources: Observations, interview with staff.

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 (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).

1. The licensee has failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC) was complied with.

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In accordance with additional requirement 9.1 (b) under the Infection Prevention and Control Standard for Long-Term Care Homes (April, 2022, Revised on September, 2023), the licensee has failed to ensure that Hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact.

Specifically, staff failed to complete hand hygiene before and entering resident room areas and after removing gloves following environmental cleaning.

Sources: Observations, Interviews with staff.

2.The licensee failed to ensure that the standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with additional requirement 9.1 (d) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022, revised on September 2023), the licensee has failed to ensure the proper use of PPE, including appropriate selection, application, removal, and disposal.

Specifically, staff failed to apply proper use, including application and removal of gloves when they were observed double gloving, and not changing gloves between resident room areas.

Sources: Observations, Interviews with staff.