



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

Hamilton Service Area Office  
119 King Street West, 11th Floor  
HAMILTON, ON, L8P-4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119, rue King Ouest, 11<sup>ième</sup> étage  
HAMILTON, ON, L8P-4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

### **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 2, 2014	2014_214146_0021	H-000409- 14	Complaint

#### **Licensee/Titulaire de permis**

HERITAGE GREEN NURSING HOME  
353 ISAAC BROCK DRIVE, STONEY CREEK, ON, L8J-2J3

#### **Long-Term Care Home/Foyer de soins de longue durée**

HERITAGE GREEN NURSING HOME  
353 ISAAC BROCK DRIVE, STONEY CREEK, ON, L8J-2J3

#### **Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

BARBARA NAYKALYK-HUNT (146)

### **Inspection Summary/Résumé de l'inspection**



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): September 30, 2014 and October 1, 2014**

**This inspection was conducted concurrently with three CI inspections H-000457-14, H-000416-14, and H-000573-14**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), registered staff, Personal Support Workers (PSW's), maintenance staff and a family member.**

**During the course of the inspection, the inspector(s) reviewed the resident's health record, observed the resident living area and reviewed policies and procedures related to incontinence and catheterization.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management**

**Findings of Non-Compliance were found during this inspection.**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (5) The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident’s plan of care. 2007, c. 8, s. 6 (5).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that the resident was given the opportunity to participate fully in the implementation of the plan of care.

A) An identified resident had a specific intervention which was to be done monthly according to the plan of care. When the nurse was about to renew the intervention, the resident attempted to change the plan of care since the intervention had already been done. The resident was not allowed to participate in the implementation of the plan of care. This information was confirmed by the nurse and the DOC. [s. 6. (5)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the resident, the resident's substitute decision maker (SDM), if any, are given an opportunity to participate fully in the development and implementation of the resident's plan of care, to be implemented voluntarily.***

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

**Specifically failed to comply with the following:**

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

---

**Findings/Faits saillants :**



1. The licensee has failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

A) An identified resident had a specific intervention done in April 2014. The nurse failed to document the intervention in the progress notes. The charge nurse confirmed that the home's expectation and general practice was to document such interventions in the progress notes.

The DOC and the nurse confirmed that this information was not documented. [s. 30. (2)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.***

---

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management**

**Specifically failed to comply with the following:**

**s. 51. (2) Every licensee of a long-term care home shall ensure that,  
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

---

**Findings/Faits saillants :**



1. The licensee has failed to ensure that each resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident required, an assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

A) An identified resident's Minimum Data Set (MDS) assessment completed in an identified date indicated that the resident was continent of both bowel. The next MDS Section H assessment completed several months later indicated that the resident had deteriorated to frequently incontinent of bowel. There was no assessment completed for the incontinent resident that included identification of causal factors, patterns, and potential to restore function with specific interventions nor was a clinically appropriate assessment instrument specifically designed for assessment of incontinence used. This information was confirmed by the health record, registered staff and the DOC. [s. 51. (2) (a)]

---

**Issued on this 6th day of October, 2014**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**