



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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de
longue durée**
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, 11th étage
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection February 7, 8, 9, 10, 11, 2011	Inspection No/ d'inspection 2011_107_2776_01Feb145415	Type of Inspection/Genre d'inspection CI-2776-000002-11, Log #H-00300
Licensee/Titulaire Heritage Green Nursing Home, 353 Isaac Brock Drive, Stoney Creek, L8J 2J3 fax: 905-573-7151		
Long-Term Care Home/Foyer de soins de longue durée Heritage Green Nursing Home, 353 Isaac Brock Drive, Stoney Creek, L8J 2J3 fax: 905-573-7151		
Name of Inspector(s)/Nom de l'inspecteur(s) Michelle Warrener - #107		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a critical incident inspection.		
During the course of the inspection, the inspector spoke with: The Administrator, Director of Care, Assistant Director of Care, Staff Development Co-ordinator, residents, nursing and dietary staff on all three floors.		
During the course of the inspection, the inspector: Observed resident care, interviewed residents and staff members, and reviewed an identified resident's clinical record.		
The following Inspection Protocol was used during this inspection: Safe and Secure Home		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: LTCHA, 2007, S.O. 2007, c.8, s.6(7) – related to care not provided as specified in the plan of care – CO #003 LTCHA, 2007, S.O. 2007, c.8, s.6(9)1 – related to provision of care not documented - VPC		
Non-Compliance was issued as part of a Follow Up inspection completed during the same dates. See Inspection report H-00224, 2011_101_2776_01Feb145415 for details.		
<input type="checkbox"/> [2] WN <input type="checkbox"/> [1] VPC <input type="checkbox"/> [1] CO: CO #003		



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 prévue le *Loi de 2007 les* *foyers de soins de* *longue durée*

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référant envoyé

CO = Compliance Order/Ordres de conformité

WAO = Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.)

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title: 	<u>Yahneen</u>
Date: 	Date of Report: (if different from date(s) of inspection). <u>May 31, 2011</u>