



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

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

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

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

**Health System Accountability and Performance  
Division  
Performance Improvement and Compliance Branch**  
**Division de la responsabilisation et de la  
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<b>Date(s) of inspection/Date(s) de l'inspection</b>	<b>Inspection No/ No de l'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
Jun 18, 19, 20, 21, 22, 25, 26, 27, 28, 29, Jul 3, 4, 9, 10, 13, 16, 17, 18, 2012	2012_083178_0023	Resident Quality Inspection

**Licensee/Titulaire de permis**

HERITAGE NURSING HOMES INC.  
1195 QUEEN STREET EAST, TORONTO, ON, M4M-1L6

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

THE HERITAGE NURSING HOME  
1195 QUEEN STREET EAST, TORONTO, ON, M4M-1L6

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

SUSAN LUI (178), NICOLE RANGER (189), TIINA TRALMAN (162)

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

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Director of Resident/Family Services, Programming Manager, Quality Improvement Manager, Environmental Manager, Residents Accounts/Accounts Payable Staff, Food Services Manager, Registered Dietitian, Physiotherapist, Registered Staff, Personal Support Workers (PSWs), Dietary Staff, Activation Aides, Housekeeping Staff, Maintenance Staff, Resident Council Representatives, Family Council Representative, residents and residents' family members.

During the course of the inspection, the inspector(s) observed resident care, reviewed resident records, reviewed home policies and procedures, observed resident care areas, observed meal and snack services, observed recreation activities, and observed staff/resident interactions.

The following LOGs were inspected during this Resident Quality Inspection and the findings are included in this report:

- T-441-12 (Follow Up Inspection)
- T-764-12 (Complaint Inspection)
- T-839-12 (Critical Incident Inspection)

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

**Accommodation Services - Maintenance**

**Admission Process**

**Continence Care and Bowel Management**

**Dignity, Choice and Privacy**

**Dining Observation**

**Falls Prevention**

**Family Council**

**Hospitalization and Death**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Quality Improvement**

**Recreation and Social Activities**

**Resident Charges**

**Residents' Council**

**Responsive Behaviours**

**Safe and Secure Home**

**Skin and Wound Care**

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

<b>NON-COMPLIANCE / NON-RESPECT DES EXIGENCES</b>	
<b>Legend</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b>  WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités

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.)

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

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 112. Prohibited devices that limit movement**  
For the purposes of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:

1. Roller bars on wheelchairs and commodes or toilets.
2. Vest or jacket restraints.
3. Any device with locks that can only be released by a separate device, such as a key or magnet.
4. Four point extremity restraints.
5. Any device used to restrain a resident to a commode or toilet.
6. Any device that cannot be immediately released by staff.
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose. O. Reg. 79/10, s. 112.

**Findings/Faits saillants :**

1. The licensee failed to ensure that no prohibited devices that limit movement were used in the home. Specifically, the licensee failed to ensure that no device was used to restrain a resident to a commode or toilet in the home.

On June 27, 2012 at 14:30h, the inspector observed a seat belt restraint attached to the commode for an identified resident.

The inspector spoke with two Personal Support Workers (PSWs) who stated that they apply the seat belt restraint to the resident on the commode when there are not two staff members available to assist the resident with toileting. The PSWs stated to the inspector that they have been applying the seat belt to the resident while on the commode for the past three months when only one staff member is available for toileting.

[r.112.5.]

**Additional Required Actions:**

**CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".**

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**  
Specifically failed to comply with the following subsections:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,
- (a) drugs are stored in an area or a medication cart,
    - (i) that is used exclusively for drugs and drug-related supplies,
    - (ii) that is secure and locked,
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
    - (iv) that complies with manufacturer's instructions for the storage of the drugs; and
  - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

**Findings/Faits saillants :**

1. The licensee failed to ensure that drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies.

During observations of the first and third floor medication carts on June 26 and June 27, 2012, inspectors noted various non drug non drug-related items being stored in the medication carts and the double locked narcotics bins. These items included money, a wallet, jewelery, electronics and residents' personal care items.

2. On June 26, 2012 the inspector observed the third floor Medication room fridge to contain an ice cream sandwich stored in the medication fridge freezer next to a resident's injectable medication. Staff indicated that this injectable medication was not being used for residents, and was awaiting pick up by a former resident's family.

[r.129(1)(a)]

**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 drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies, to be implemented voluntarily.**

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan**

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

**s. 24. (6) The licensee shall ensure that the care set out in the care plan is provided to the resident as specified in the plan. O. Reg. 79/10, s. 24 (6).**

**s. 24. (9) The licensee shall ensure that the resident is reassessed and the care plan is reviewed and revised when,**

**(a) the resident's care needs change;**

**(b) the care set out in the plan is no longer necessary; or**

**(c) the care set out in the plan has not been effective. O. Reg. 79/10, s. 24 (9).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that an identified resident was reassessed and his/her care plan reviewed and revised when his/her care needs changed.

According to staff and family interviews, during the identified resident's respite stay at the home, the resident's mobility and strength declined. Resident's mobility decreased from being able to ambulate with a rollator walker, to reportedly needing to be lifted from chair to wheelchair on the resident's day of discharge from the home. Resident had initially been involved in activities throughout the home, but gradually decreased involvement to the point of refusing even to come out of his/her room for meals.

Resident was not reassessed as his/her general condition declined and he/she became weaker, less involved and less mobile. Resident's plan of care was not reviewed or revised to include interventions needed to address this decline and prevent further decline in strength and mobility and involvement in home activities.

[r.24.(9)(a)]

2. The licensee failed to ensure that the care set out in an identified resident's care plan was provided to the resident as specified in the plan.

Plan of care for the identified resident includes Quetiapine 12.5 mg twice daily for agitation, ordered February 29, 2012. Staff interviews and record review indicate that the resident frequently and strenuously resisted care and had verbal and physical altercations with staff and other residents during the month that he/she resided in the home. Medication records indicate that quetiapine was only administered to the resident three times between Feb 29 and Mar 21, 2012, when the resident was discharged.

[r.24.(6)]

**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 residents are reassessed and their care plans reviewed and revised when the resident's care needs change, to be implemented voluntarily.*

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program Specifically failed to comply with the following subsections:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:**

- 1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.**
- 2. Residents must be offered immunization against influenza at the appropriate time each year.**
- 3. Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.**
- 4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.**
- 5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that each resident admitted to the home is screened for tuberculosis within 14 days of admission, unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.

An identified resident was admitted to the home on Jun 30, 2011. The resident was not screened for TB until August 22, 2011, using a Mantoux skin test. The resident was found to react positively, and was sent for a chest X-ray on August 24, 2011.

[r.229.(10)1]

2. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program.

On Jun 21, 2012, an identified Personal Support Worker (PSW) was unaware of the precautions required for her assigned resident's infectious condition. The PSW stated that the sign on the identified resident's door which directed persons to check with the charge nurse before entering was old and no longer relevant, and should have been removed. An interview with the unit's charge nurse revealed that the identified resident had been diagnosed with Shingles that same week, and was currently receiving treatment for the infection. The Charge Nurse stated that PSWs are informed during shift report of their resident's infectious conditions and the precautions required, and that this PSW must not have heard her when she gave report that morning.

On Jun 25, 2012, an identified RPN entered an identified resident's room which had two precautionary signs on the door. One sign said to check with the charge nurse before entering. The second sign stated that gown and gloves are to be worn if entering the room. The RPN repositioned the identified resident in bed, administered medication to the resident and left the room without performing hand hygiene or using gown or gloves. When interviewed afterward, the RPN was unaware that there had been signs on the resident's door instructing persons to check with the charge nurse before entering and to only enter the room if gowned and gloved. None of the registered staff assigned to the unit that evening could confirm the following:

-which resident in the two bed room required infection precautions

-what precautions were required

-what is the infection requiring precautions to be taken

-where a staff member would look to find the above information.

An interview with the DOC later revealed that one of the two residents in the room had previously been identified in hospital as having tested positive for Methicillin-resistant Staphylococcus Aureus (MRSA) in December 2011, but had since been screened in the home and found to be MRSA free. The DOC stated that a resident's MRSA status should be recorded on the MRSA Status Sheet which would remain in the Treatment Administration Record (TAR), and would also be recorded on the resident's plan of care. No MRSA Status Sheet could be located for the identified resident, and the resident's plan of care stated that the resident had returned from hospital on December 26, 2011 with Contact precautions for Vancomycin-resistant Enterococcus (VRE), a different hospital acquired infection altogether.

On June 27, 2012 at approx 10:00h, the inspector observed medication passed to two separate residents by an identified Registered Practical Nurse (RPN). The RPN did not perform hand hygiene before or after the administration of the medications to either of the residents.

[r.229.(4)]

#### ***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 all staff participate in the implementation of the infection prevention and control program while carrying out their duties in the home, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

Specifically failed to comply with the following subsections:

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

Medication Administration policy (July 2011) was not complied with.

Documentation for an identified resident's medication was not documented as per the home's Medication Administration policy. The policy states that if a resident refuses medication, the staff will write the appropriate code onto the Medication Administration Record (MAR), and document on the progress notes the reason the medication was not given and any actions which were taken. According to family and staff interviews and resident record review, the identified resident refused his/her injection on March 18, 2012. Family and staff interviews indicate that the registered staff members working on March 18th and 19th were unable to determine from the resident's records whether or not the medication had been administered. There was no documentation in the progress notes to indicate that the medication had been refused and why.

**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 home's Medication Administration policy is complied with, to be implemented voluntarily.***

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**WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes**

**Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:**

- 1. A change of 5 per cent of body weight, or more, over one month.**
  - 2. A change of 7.5 per cent of body weight, or more, over three months.**
  - 3. A change of 10 per cent of body weight, or more, over 6 months.**
  - 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**
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**Findings/Faits saillants :**

1. Resident records and staff interviews indicate that an identified resident was not assessed using an interdisciplinary approach in May and June 2012. Action was not taken to send a referral to the Registered Dietitian and a nutritional assessment was not carried out for the resident when he/she experienced the following unplanned weight loss:

A weight loss of 8% bodyweight in 3 months between March 2011 and June 2012;

A weight loss of 13.8% bodyweight in 6 months between November 2011 and May 2012;

A weight loss of 15.5% bodyweight in 7 months between November 2011 and June 2012.



**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 residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:*

- 1. A change of 5 per cent of body weight, or more, over one month.*
- 2. A change of 7.5 per cent of body weight, or more, over three months.*
- 3. A change of 10 per cent of body weight, or more, over 6 months.*
- 4. Any other weight change that compromises the resident's health status, to be implemented voluntarily.*

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**WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs**  
Specifically failed to comply with the following subsections:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration;**
  - (b) the identification of any risks related to nutrition care and dietary services and hydration;**
  - (c) the implementation of interventions to mitigate and manage those risks;**
  - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and**
  - (e) a weight monitoring system to measure and record with respect to each resident,**
    - (i) weight on admission and monthly thereafter, and**
    - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that an identified resident was weighed monthly. Record review and staff interviews indicate that the identified resident was not weighed during the month of December 2011. Records indicate that the resident was not weighed between November 1, 2011 and January 1, 2012.

[r.68.(2)(e)(i)]

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**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

Specifically failed to comply with the following subsections:

- s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,**
- (a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and**
  - (b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that as part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance.

On June 21, 2012 an inspector observed several cracked and broken wall tiles in the 4th floor south Bathing Room. In discussion with the Maintenance Manager on June 25, 2012, it was revealed that there was no schedule in place for remedial repair of the cracked, broken wall tiles.

It was noted by inspectors on June 27, 2012 that the cracked and broken wall tiles had been repaired.

[r.90.(1)(b)]



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**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care**

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

**s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,  
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and  
(b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).**

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**Findings/Faits saillants :**

1. 1) The Registered Dietitian did not complete a nutritional assessment for an identified resident when there was a decline in the resident's food intake in May and June 2012.  
Resident records and staff interviews indicate that the resident's refusal of mid-afternoon, evening nourishments and dinner meals increased during the period of May 2012 and June 2012.  
Intake records indicate a remarkable increase in refusal of consumption of mid-afternoon and evening nourishments from the period of May 16, 2012 to June 27, 2012.

On June 26, 2012, the Registered Dietitian confirmed to inspector that the resident's significant change in health condition related to decline in food intake and significant weight loss did not result in a referral for nutritional assessment in accordance with the home policy Weight Change/Nutritional Risk Management and Referral to Dietitian. Resident lost weight during the period of decline in food intake.

Resident also experienced a loss of 8% body weight in 3 months between March 2011 and June 2012; weight loss of 13.8% body weight in 6 months between November 2011 and May 2012 and; weight loss of 15.5% body weight in 7 months between November 2011 and June 2012.  
[r.26.(4)]

**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 a Registered Dietitian who is a member of the staff of the home,  
(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and  
(b) assesses nutritional status and hydration status and any risks relating to hydration, to be implemented voluntarily.***

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

Specifically failed to comply with the following subsections:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

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**Findings/Faits saillants :**

1. The licensee did not ensure for each organized program required under sections 8 to 16 of the Act and section 48 of the regulation, that a written record relating to each evaluation included the names of the persons who participated. This was confirmed by the Director of Care July 3, 2012.  
[r.30(1)4.]

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**WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information**

Specifically failed to comply with the following subsections:

s. 225. (1) For the purposes of clause 79 (3) (q) 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 79 of the Act includes the following:

1. The fundamental principle set out in section 1 of the Act.
2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act.
3. The most recent audited report provided for in clause 243 (1) (a).
4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service.
5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).

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**Findings/Faits saillants :**

1. The licensee failed to post the most recent audited report.

On June 28, 2012, the Director of Resident and Family Services confirmed that the most recent audited report is not posted.  
[r.225.(1)3.]

2. The licensee failed to post the home's licence or approval, including any conditions or amendments.

On June 28, 2012, the inspector noted that the home's posted license, dated October 2010, is not current. The inspector informed the home's Director of Resident and Family Services of the expired license, and on July 3, 2012, the inspector noted that the current license was posted.  
[r.225.(1)2.]

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**WN #12: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey**

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

**s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).**

**s. 85. (4) The licensee shall ensure that,**

**(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);**

**(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;**

**(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and**

**(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).**

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**Findings/Faits saillants :**

1. The licensee failed to seek the advice of the Residents' Council in developing and carrying out the 2011 and 2012 satisfaction surveys, and in acting on its results.

This was confirmed by Resident Council representatives and the Resident and Family Services Coordinator.

[s.85.(3)]

2. The licensee failed to ensure that the 2011 and 2012 satisfaction survey results and actions taken to improve the home are made available to residents and their families. This was confirmed by both the Director of Resident and Family Services and the Quality Improvement Manager.

[s.85.(4)(c)]

3. The licensee failed to ensure that the documented results of the 2011 and 2012 satisfaction surveys are made available to the Residents' Council and to seek their advice.

This was confirmed by the Programming Manager and the Director of Resident and Family Services and the Quality Improvement Manager.

[s.85.(4)(a)]

4. Staff and resident interviews revealed that the licensee did not ensure that documented actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the satisfaction survey were made available to the Residents' Council.

[s.85.(4)(b)]

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**WN #13: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information**

Specifically failed to comply with the following subsections:

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,

- (a) the Residents' Bill of Rights;
- (b) the long-term care home's mission statement;
- (c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
- (d) an explanation of the duty under section 24 to make mandatory reports;
- (e) the long-term care home's procedure for initiating complaints to the licensee;
- (f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
- (g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
- (h) the name and telephone number of the licensee;
- (i) an explanation of the measures to be taken in case of fire;
- (j) an explanation of evacuation procedures;
- (k) copies of the inspection reports from the past two years for the long-term care home;
- (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
- (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
- (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
- (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
- (p) an explanation of the protections afforded under section 26; and
- (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the following required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements:

- (k) copies of the inspection reports from the past two years for the long-term care home.

Copies of the home's inspection reports dated between December, 2010 and January, 2012 were not found posted within the home.

[s.79.(3)(k)]

2. The licensee failed to ensure that the following required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements:

- (g) how a copy of the policy to minimize the restraining of the residents can be obtained.

There is no posting indicating how a copy of the policy to minimize the restraining of the residents can be obtained.

[s.79.(3)(g)]

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**WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management**

Specifically failed to comply with the following subsections:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

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**Findings/Faits saillants :**

1. The licensee failed to ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Resident record review and staff interviews revealed that an identified resident had three falls between April and May 2012. No post falls assessment was conducted on the resident using a clinically appropriate assessment instrument that is specifically designed for falls after any of the fall incidents.

[r. 49 (2)]

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**WN #15: 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 subsections:**

**s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

**(a) a goal in the plan is met;**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change.

Resident records and staff interviews revealed that an identified resident was not reassessed and his/her plan of care was not reviewed and revised when his/her care needs changed after the resident experienced three falls between May and June 2012.

[s.6.(10)(b)]

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**WN #16: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
  - i. participate fully in the development, implementation, review and revision of his or her plan of care,
  - ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
  - iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
  - iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
  - i. the Residents' Council,
  - ii. the Family Council,
  - iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
  - iv. staff members,
  - v. government officials,
  - vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.



22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident's right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity is fully respected.

An identified 2nd floor resident reported that he/she has not always been treated with respect and dignity by the staff. The resident reported that certain members of the evening staff have been rude to him/her on occasion, when the staff members are "out of sorts". The resident stated that these staff members have on occasion made comments such as "you're always complaining. You ring the bell too much".

[s.3.(1)1.]

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/  
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT  
CONFORME AUX EXIGENCES:**

**CORRECTED NON-COMPLIANCE/ORDER(S)  
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDRES:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / NO DE L'INSPECTION</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 r. 112.	CO #901	2012_083178_0023	178
LTCHA, 2007 S.O. 2007, c.8 s. 6.	CO #001	2012_077109_0007	189

Issued on this 24th day of July, 2012

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



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**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**

**Public Copy/Copie du public**

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<b>Name of Inspector (ID #) / Nom de l'inspecteur (No) :</b>	SUSAN LUI (178), NICOLE RANGER (189), TIINA TRALMAN (162)
<b>Inspection No. / No de l'inspection :</b>	2012_083178_0023
<b>Type of Inspection / Genre d'inspection:</b>	Resident Quality Inspection
<b>Date of Inspection / Date de l'inspection :</b>	Jun 18, 19, 20, 21, 22, 25, 26, 27, 28, 29, Jul 3, 4, 9, 10, 13, 16, 17, 18, 2012
<b>Licensee / Titulaire de permis :</b>	HERITAGE NURSING HOMES INC. 1195 QUEEN STREET EAST, TORONTO, ON, M4M-1L6
<b>LTC Home / Foyer de SLD :</b>	THE HERITAGE NURSING HOME 1195 QUEEN STREET EAST, TORONTO, ON, M4M-1L6
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	JORDAN GLICK

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To HERITAGE NURSING HOMES INC., you are hereby required to comply with the following order(s) by the date(s) set out below:



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

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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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**Order # /**  
**Ordre no :** 901      **Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 112. For the purposes of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:

1. Roller bars on wheelchairs and commodes or toilets.
2. Vest or jacket restraints.
3. Any device with locks that can only be released by a separate device, such as a key or magnet.
4. Four point extremity restraints.
5. Any device used to restrain a resident to a commode or toilet.
6. Any device that cannot be immediately released by staff.
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose. O. Reg. 79/10, s. 112.

**Order / Ordre :**

The licensee shall ensure that no device is used to restrain an identified resident or any other resident to a commode or toilet.

This order was served on the licensee on June 27, 2012.

**Grounds / Motifs :**

1. On June 27, 2012 at 1430pm, inspector observed seat belt restraint attached to the commode for an identified resident.

Inspector spoke with two Personal Support Workers (PSW) who stated that they apply the seat belt restraint to the resident on the commode when there are not two staff members available to assist the resident with toileting. PSW's stated to the inspector that they have been applying the seat belt to the resident while on the commode for the past three months when only one staff member is available for toileting. (189)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Immediate



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

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**REVIEW/APEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th Floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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

**Order(s) of the Inspector**  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

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

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 18th day of July, 2012**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /  
Nom de l'inspecteur :** SUSAN LUI

**Service Area Office /  
Bureau régional de services :** Toronto Service Area Office