



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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

## **Amended Public Copy/Copie modifiée du public de permis**

<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 02, 2018;	2017_573581_0020 (A1)	010413-17	Follow up

### **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**

DIANNE BARSEVICH (581) - (A1)

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

**Changing compliance date as requested by the home.**



**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**

**Issued on this 2 day of January 2018 (A1)**

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

**Original report signed by the inspector.**



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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

## **Amended Public Copy/Copie modifiée du public de permis**

<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 02, 2018;	2017_573581_0020 (A1)	010413-17	Follow up

### **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**

DIANNE BARSEVICH (581) - (A1)

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



**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**

**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): October 16 and 24,  
2017.**

**This was an inspection to follow-up to a compliance order and Director's  
Referral to ensure that the care set out in the plan of care was provided to the  
resident as specified in the plan.**

**During the course of the inspection, the inspector(s) spoke with Administrator,  
Director of Care (DOC), ADOC/Resident Assessment Instrument (RAI)  
Coordinator/Staff Development Coordinator, ADOC/Clinical Coordinator,  
Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support  
Workers (PSW) and residents.**

**During the course of this inspection, the inspector reviewed residents' clinical  
health records, observed provision of care, reviewed audits reports, education  
and training records.**

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

**Falls Prevention**



During the course of this inspection, Non-Compliances were issued.

- 1 WN(s)
- 0 VPC(s)
- 1 CO(s)
- 1 DR(s)
- 0 WAO(s)

**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. 6. Plan of care**



**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**

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

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A. On an identified day in October 2017, resident #003 was observed in bed with falls interventions in place, however, there was one specific falls intervention not in place. The resident was observed later that day in their wheelchair and the specific intervention was not in place. Review of the plan of care identified that the resident was to have the specific intervention in good working condition and that it was to be positioned correctly on the resident's body.

Interview with PSW #104 and #105 stated the resident did not have the specific falls intervention in place. They indicated that it was not identified on the logo as planned care and revealed they did have the specific intervention when they resided on a different unit but stated they have not had one for approximately five to six months. Interview and review of the plan of care with the RN #103 and RPN #101 stated that the resident required the specific device in place for falls prevention but stated they did not have one in place for several months.

Interview with ADOC/ RAI Coordinator/Staff Development Coordinator stated the resident should have had the specific falls intervention in place as applicable and confirmed the device was planned care for the resident and the resident was not provided the care that was specified in the plan.

B. Review of the plan of care for resident #002 identified they required an intervention due to high risk of falls. Interview with PSW #109 and PSW #113 stated the resident did not have the intervention in place. Review of the logo posted in the resident's room did not include the intervention as planned care. Interview with RN #110 stated the resident was assessed as high risk for falls and PSW staff were to ensure the resident had the intervention in place at all times to reduce injury from falls; however, stated the resident was not provided with the intervention when admitted to the home. RN #110 confirmed the care set out in the plan of care was not provided to resident #002 as specified in the plan. [s. 6. (7)]

***Additional Required Actions:***



**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**

**CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".**

**(A1)The following order(s) have been amended:CO# 001**

***DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***





**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**

**Issued on this 2 day of January 2018 (A1)**

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

**Original report signed by the inspector.**



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

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

**Order(s) of the Inspector**

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

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

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch  
Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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

**Amended Public Copy/Copie modifiée du public de permis**

---

**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** DIANNE BARSEVICH (581) - (A1)

**Inspection No. /**

**No de l'inspection :** 2017\_573581\_0020 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**No de registre :** 010413-17 (A1)

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** Jan 02, 2018;(A1)

**Licensee /**

**Titulaire de permis :** HERITAGE GREEN NURSING HOME  
353 ISAAC BROCK DRIVE, STONEY CREEK, ON,  
L8J-2J3

**LTC Home /**

**Foyer de SLD :** HERITAGE GREEN NURSING HOME  
353 ISAAC BROCK DRIVE, STONEY CREEK, ON,  
L8J-2J3

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Rosemary Okimi





**Order(s) of the Inspector**

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

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

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

and the Licensee's history of non-compliance, compliance order (CO) and Director's Review (DR) on May 30, 2017, Resident Quality Inspection (RQI) Report, CO on the February 21, 2017, Follow Up Inspection Report, DR on the March 14, 2016, RQI Report, CO on the March 11, 2015, Complaint Inspection Report and CO on the November 6, 2014, Complaint Inspection Report, with the r. 6 (7).

The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A. On an identified day in October 2017, resident #003 was observed in bed with falls interventions in place, however, there was one specific falls intervention not in place. The resident was observed later that day in their wheelchair and the specific intervention was not in place. Review of the plan of care identified that the resident was to have the specific intervention in good working condition and that it was to be positioned correctly on the resident's body.

Interview with PSW #104 and #105 stated the resident did not have the specific falls intervention in place. They indicated that it was not identified on the logo as planned care and revealed they did have the specific intervention when they resided on a different unit but stated they have not had one for approximately five to six months. Interview and review of the plan of care with the RN #103 and RPN #101 stated that the resident required the specific device in place for falls prevention but stated they did not have one in place for several months.

Interview with ADOC/ RAI Coordinator/Staff Development Coordinator stated the resident should have had the specific falls intervention in place as applicable and confirmed the device was planned care for the resident and the resident was not provided the care that was specified in the plan.

B. Review of the plan of care for resident #002 identified they required an intervention due to high risk of falls. Interview with PSW #109 and PSW #113 stated the resident did not have the intervention in place. Review of the logo posted in the resident's room did not include the intervention as planned care. Interview with RN #110 stated the resident was assessed as high risk for falls and PSW staff were to ensure the resident had the intervention in place at all times to reduce injury from falls; however, stated the resident was not provided with the intervention when admitted to the home. RN #110 confirmed the care set out in the plan of care was



**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

not provided to resident #002 as specified in the plan. [s. 6. (7)]

(581)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le :**

Feb 15, 2018(A1)



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

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

**Order(s) of the Inspector**

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

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

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/APPEAL 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, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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



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

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

**Order(s) of the Inspector**

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

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

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

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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
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).

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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

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

**Order(s) of the Inspector**

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

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

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

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 2T5

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 2 day of January 2018 (A1)**

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

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

DIANNE BARSEVICH





**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

**Service Area Office /**

**Bureau régional de services :**

Hamilton

**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