



**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
sous la Loi de 2007 sur 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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 2, 2019	2019_569508_0014	014028-18, 021955- 18, 000530-19, 003263-19	Critical Incident System

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

ROSEANNE WESTERN (508), KELLY CHUCKRY (611)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 7, 8, 11, 12, 13, 14 and 15, 2019.

During the course of the inspection, the inspector(s) toured the facility, observed the provision of care, reviewed resident clinical records, training records and relevant policies and procedures.

PLEASE NOTE: This inspection was conducted concurrently during complaint inspection #2019_569508_0013.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Clinical Care Coordinator, the Resident Assessment Instrument (RAI) Coordinator, registered staff and Personal Support Workers (PSWs).

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation**

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :



1. The licensee failed to ensure that residents were protected from abuse by anyone and free from neglect by the licensee or staff in the home.

A review of a Critical Incident (CI) Submission report #2776-000007-19, indicated that resident #003 had identified responsive behaviours. On an identified date in 2019, resident #006 reported that resident #003 followed the resident and conducted an action without their consent.

During an interview with resident #006, it was confirmed that the resident was upset about the incident and did not consent to the action of resident #003.

It was confirmed during review of the CI, the resident's clinical records and during the interview with resident #006 that they were not protected from abuse by resident #003.
[s. 19. (1)]

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 protected from abuse by anyone and free from neglect by the licensee or staff in the home, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance



Specifically failed to comply with the following:

- s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
- (a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).**
 - (b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).**
 - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).**
 - (d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).**
 - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).**
 - (f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).**
 - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).**
 - (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents shall:

- (a) provide that abuse and neglect are not to be tolerated
- (b) clearly set out what constitutes abuse and neglect
- (c) provide for a program, that complies with the regulations, for preventing abuse and neglect
- (d) contain an explanation of the duty under section 24 of the Act to make mandatory reports
- (e) contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents
- (f) set out the consequences for those who abuse or neglect residents
- (g) comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations, and
- (h) deal with any additional matters as may be provided in the regulations

The home had an Nursing Administration Manual on the first floor. This manual contained the Resident Abuse Policy, document #05-02-02A with a date of June 12, 2015. This policy was the policy that was available and accessible to staff in the home.

This identified policy did not clearly set out what constitutes abuse and neglect. The definitions provided in the policy did not include all forms of abuse, and did not include the definitions of all abuse types. This policy did not contain an explanation of the duty to protect under section 24 of the Long Term Care Homes Act to make mandatory reports.

In an interview conducted with the Clinical Care Coordinator and a subsequent interview conducted with the Administrator, it was confirmed that the home's Resident Abuse policy that was available and accessible to staff did not include all items required as identified in the Long-Term Care Homes Act, 2007. [s. 20. (2)]



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Issued on this 10th day of April, 2019

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

Original report signed by the inspector.