

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

<b>Original Public Report</b>	
<b>Report Issue Date:</b> April 19, 2024	
<b>Inspection Number:</b> 2024-1267-0002	
<b>Inspection Type:</b> Critical Incident Follow up	
<b>Licensee:</b> Heritage Green Nursing Home	
<b>Long Term Care Home and City:</b> Heritage Green Nursing Home, Stoney Creek	
<b>Lead Inspector</b> Lisa Vink (168)	<b>Inspector Digital Signature</b>
<b>Additional Inspector</b> Emma Volpatti (740883)	

<b>INSPECTION SUMMARY</b>
<p>The inspection occurred onsite on the following dates: April 11, 12, 15, 16, and 18, 2024.</p> <p>The following intakes were inspected:</p> <ul style="list-style-type: none"> <li>• Intake: #00105739 - Follow-up: Compliance Order (CO) High Priority (HP) #001 / 2023-1267-0007, FLTCA s. 6 (7) Duty of licensee to comply with plan, Compliance Due Date (CDD) March 15, 2024.</li> <li>• Intake: #00105740 - Follow-up: CO #004 / 2023-1267-0007, FLTCA s. 28 (1) 2. Reporting certain matters to Director, CDD February 14, 2024.</li> <li>• Intake: #00105741 - Follow-up: CO(HP) #003 / 2023-1267-0007, O. Reg. 246/22 s. 54 (2) Falls prevention and management, CDD March 15, 2024.</li> <li>• Intake: #00105742 - Follow-up: CO(HP) #002 / 2023-1267-0007, O. Reg.</li> </ul>

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246/22 s. 40 Transferring and positioning techniques, CDD March 15, 2024.

- Intake: #00107673 – related to infection prevention and control.
- Intake: #00108806 – related to falls prevention and management.
- Intake: #00108936 – related to infection prevention and control.
- Intake: #00109752 – related to duty to protect.
- Intake: #00110369 – related to improper care.

## Previously Issued Compliance Orders

The following previously issued Compliance Orders were found to be in compliance:

Order #001 from Inspection #2023-1267-0007 related to FLTCA, 2021, s. 6 (7) inspected by Emma Volpatti (740883)

Order #004 from Inspection #2023-1267-0007 related to FLTCA, 2021, s. 28 (1) 2. inspected by Emma Volpatti (740883)

Order #003 from Inspection #2023-1267-0007 related to O. Reg. 246/22, s. 54 (2) inspected by Emma Volpatti (740883)

Order #002 from Inspection #2023-1267-0007 related to O. Reg. 246/22, s. 40 inspected by Emma Volpatti (740883)

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

Resident Care and Support Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Reporting and Complaints  
Falls Prevention and Management

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## **INSPECTION RESULTS**

### **Non-Compliance Remedied**

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

**Non-compliance with: FLTCA, 2021, s. 6 (1) (c)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,  
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that there was a written plan of care for a resident that set out clear directions to staff and others who provided direct care to the resident.

### **Rationale and Summary**

A resident was observed with a level of staff supervision and a device in place. A review of the care plan identified the resident was previously on the level of supervision for staffing; however, this was not a current intervention and identified the use of a different device.

Staff confirmed supervision was in place and the use of the device observed. On April 18, 2024, the care plan and kardex were revised to identify the current staffing intervention and the specific devices to be used.

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**Sources:** Observations of a resident, review of the care plan, kardex and progress notes for a resident, and interviews with staff. [168]

Date Remedy Implemented: April 18, 2024

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**WRITTEN NOTIFICATION: Plan of Care**

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (1) (a)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident.

The licensee has failed to ensure that there was a written plan of care for a resident that set out the planned care for the resident.

**Rationale and Summary**

Front line staff identified they utilized the kardex, which was posted inside the closet door, and care plan for information related to the care needs of residents.

The kardex for a resident provided a level of assistance for dressing; did not provide direction for bed mobility or a level of assistance for toileting. The care plan provided a level of staff assistance for dressing and toileting; however, did not provide direction related to bed mobility.

The electronic Treatment Administration Record (eTAR) identified there must be a specific number of staff at all times, every shift, when the resident received care; however, this planned care was not included in the kardex or care plan, which were accessible to front line staff.

The written kardex and care plan, available and accessible to front line staff did not

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include the planned care for the resident related to bed mobility or the specific number of staff for all care.

Failure to ensure that the planned care was included in the written plan of care resulted in staff being unaware of care needs of the resident and the level of assistance to be provided.

**Sources:** Clinical health record of a resident and interviews with staff. [168]

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**WRITTEN NOTIFICATION: Plan of Care**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (4) (a)**

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

The licensee has failed to ensure that the staff and others involved in the different aspects of care of a resident collaborated with each other, in the assessment of the resident so that their assessments were integrated and were consistent with and complemented each other.

**Rationale and Summary**

A resident had an assessment completed which identified they were at risk of falls, with a factor being medication usage.

A second assessment was completed; however, staff failed to identify that the medication usage was a factor during the assessment.

The electronic Medication Administration Record (eMAR) noted that the resident was on the medication at the time of both assessments.

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**Sources:** Review of assessments and eMAR for a resident and interview with staff.  
[168]

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**WRITTEN NOTIFICATION: Plan of Care**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

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.

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

**Rationale and Summary**

A resident required the use of a device.

The resident was observed without the device while being supervised by staff.

**Sources:** A review of the care plan and observations of a resident, and interviews with staff. [168]

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**WRITTEN NOTIFICATION: Nursing and personal support services**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 11 (1) (b)**

Nursing and personal support services

s. 11(1) Every licensee of a long-term care home shall ensure that there is,  
(b) an organized program of personal support services for the home to meet the assessed needs of the residents.

The licensee has failed to comply with their organized program of personal support

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services in meeting the assessed needs of a resident.

**Rationale and Summary**

0. Reg 246/22, s. 34 (1) 1 required the organized program of personal support services to include relevant policies and procedures.

In accordance with O Reg. 246/22, s. 11 (1) b the licensee was required to ensure that their personal support services policies were complied with.

Specifically, staff did not comply with the personal support services policy, Perineal Care, which directed staff to provide care with specified equipment and supplies.

A resident required assistance of staff for perineal care.

Staff provided the care and confirmed that initially they did not use the supplies as set out in the policy.

Failure to provide perineal care in accordance with the policy resulted in resident discomfort.

**Sources:** Review of policy Perineal Care, review of investigative notes, review of progress notes of a resident and interviews with staff. [168]

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**WRITTEN NOTIFICATION: Infection Prevention and Control**

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: 0. Reg. 246/22, s. 102 (9) (b)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. 0. Reg. 246/22, s. 102 (9).

## Ontario)

### Inspection Report Under the Fixing Long-Term Care Act, 2021

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The licensee has failed to ensure that on every shift symptoms were recorded.

#### Rational and Summary

Progress notes identified that a resident presented with symptoms of an infection and was placed on additional precautions.

Review of the documentation when symptoms were present, did not include that the symptoms of infection were recorded on every.

The symptoms were improved a few days later.

**Sources:** Progress notes and vital signs records of a resident and interview with staff. [168]