Ontario

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

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

Public Report

Report Issue Date: March 20, 2025

Inspection Number: 2025-1267-0002

Inspection Type:
Complaint
Critical Incident

Licensee: Heritage Green Nursing Home

Long Term Care Home and City: Heritage Green Nursing Home, Stoney Creek

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 12, 13, 14, 17, 18, 19, and 20, 2025.

The following intakes were inspected:
Intake: #00133006 - for a Critical Incident (CI) report related to an injury.
Intake: #00133458 - for a CI report related to falls prevention and management.
Intake: #00135370 - for a CI report related to a disease outbreak.
Intake: #00136122 - for a CI report related to a disease outbreak.
Intake: #00136301 - for a complaint related to continence care and bowel management, skin and wound care, foot care and nail care, transferring and positioning techniques, plan of care, nursing and personal support services and infection prevention and control.
Intake: #00136477 - for a CI report related to the provision of care.
Intake: #00136764 - for a CI report related to a disease outbreak.
Intake: #00137907 - for a complaint related to availability of supplies and skin and wound care.

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

Resident Care and Support Services
Continence Care
Skin and Wound Prevention and Management
Infection Prevention and Control
Staffing, Training and Care Standards
Reporting and Complaints
Falls Prevention and Management

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

The licensee has failed to ensure that a resident's plan of care was revised when their care needs changed related to positioning and changes to their sleep and rest routine. The plan of care was updated March 17, 2025, to be reflective of the current care needs of the resident.

Sources: Observation of a resident; the resident's clinical record; interview with

staff.

Date Remedy Implemented: March 17, 2025

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (5)
Plan of care
s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

A. The licensee has failed to ensure that a resident's substitute decision-maker (SDM) was given an opportunity to participate fully in the development and implementation of the resident's plan of care when the resident was placed in isolation.

Sources: Resident's plan of care; investigation notes and interview with staff.

B. The licensee had failed to ensure that the SDM of a resident was given an opportunity to participate fully in the development and implementation of the plan of care when staff failed to notify the SDM of an incident which occurred and impacted the resident.

Sources: Review of the progress notes of the resident, review of staff interviews and interviews with staff.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #003 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 has licensee failed to ensure that a resident was provided assistance with an activity of daily living as specified in their plan of care.

Sources: Observation of a resident; review of the resident's plan of care and interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 23 (2) (d)
Infection prevention and control program
s. 23 (2) The infection prevention and control program must include,
(d) measures to prevent the transmission of infections;

The licensee has failed to comply with the home's Infection Prevention and Control program, Universal Masking policy to prevent the transmission of infections.

In accordance with O. Reg. 246/22, s. 11 (1) b, the licensee was required to ensure that their universal masking policy which stated that staff were to wear masks at all times while in the hallways and in close contact with residents was complied with.

Specifically, several staff were observed not wearing their masks correctly while in the hallways or in close contact with residents.

Sources: Observations; interview with staff and review of Visitor's Policy/Enhanced Masking Measures for staff.

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe positioning techniques when they portered a resident in an unsafe position using a mobility device.

Sources: Observation of video footage, review of clinical records and interviews with staff.

WRITTEN NOTIFICATION: Personal items and personal aids

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 41 (2)
Personal items and personal aids
s. 41 (2) The licensee shall ensure that each resident receives assistance, if required,

to use personal aids.

The licensee has failed to ensure that a resident received the required assistance with their personal aid.

Sources: Observation of the resident; review of the resident's clinical record and interviews.

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