

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: April 24, 2025
Inspection Number: 2025-1267-0003
Inspection Type: Proactive Compliance Inspection
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: April 9, 10, 11, 14, 17, 22, 23, 24, 2025.

The following intake was inspected: Intake: #00144467 - Proactive Compliance Inspection (PCI) for Heritage Green Nursing Home.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Medication Management
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards
- Residents' Rights and Choices

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Pain 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 (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 the planned care for two residents was included in their written plan.

On an identified date in April 2025, a dining observation was completed and discussion with the Assistant Director of Care (ADOC) acknowledged that both residents receive an intervention and the plan of care did not include the intervention. The ADOC updated the residents plan of care to include the planned care for both residents.

Sources: Plan of care for resident's; dining observation and interview with ADOC.

Date Remedy Implemented: April 10, 2025

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WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that the servery door, in the Wisteria dining room, a non-residential area, was locked on an identified date in April 2025, when it was not supervised by staff.

Sources: Observation of the Wisteria dining room and servery and discussion with Personal Support Worker (PSW) and other staff.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius. Review of air temperature logs for March 1 to April 11, 2025, identified on several dates, areas of the home were not consistently maintained at a minimum temperature of 22 degrees Celsius.

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Sources: Review of Air Temperature Logs and interview with Maintenance Manager.

WRITTEN NOTIFICATION: Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that a resident's altered area of skin was reassessed at least weekly, as clinically indicated, on two occasions in 2025.

Sources: Review of skin and wound assessments, treatment administration records, and progress notes for a resident and interview with Registered Practical Nurse (RPN).

WRITTEN NOTIFICATION: Administration of drugs

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

Non-compliance with: O. Reg. 246/22, s. 140 (1)

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

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The licensee has failed to ensure that a resident, who used a drug during a specified time frame in 2025, had a current prescription for use.

Sources: Review of progress notes, Quarterly Medication Review signed February 26, 2025 and interview with RPN.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (3)

Continuous quality improvement initiative report

s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee has failed to ensure that a copy of the continuous quality improvement initiative report was provided to the Resident and Family Council. The 2024 and 2025 Council meeting minutes did not include a copy of the report or a discussion about the report.

Sources: Review of both Council meeting minutes and interview with Program Manager and other staff.

WRITTEN NOTIFICATION: Construction, renovation, etc., of homes

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 356 (3) 1.

Construction, renovation, etc., of homes

s. 356 (3) A licensee may not commence any of the following work without first

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receiving the approval of the Director:

1. Alterations, additions or renovations to the home.

The licensee has failed to ensure that prior to the commencement of renovations in March 2025, on the resident home area, plans were submitted and an approval received from the Director.

Sources: Discussion with the Administrator and observations of the dining room and servery area on the resident home area.