

## Public Report

**Report Issue Date:** July 30, 2025

**Inspection Number:** 2025-1267-0005

**Inspection Type:**

Complaint

Follow up

**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: July 16, 17, 18, 22, 23, 24, 27, 29, and 30, 2025.

The following intakes were inspected:

- ▯ Intake #00148229 for a complaint related to plan of care and continence care and bowel management.
- ▯ Intake #00148691 for a Follow-Up to High Priority Compliance Order from workspace 2025-1267-0004 for O. Reg. 246/22, s. 79 (1) 9 related to dining and snack service, with a compliance due date of June 10, 2025.
- ▯ Intake #00148692 for a Follow-Up to High Priority Compliance Order from workspace 2025-1267-0004 for O. Reg. 246/22, s. 268 (4) 1. vi. related to emergency plans, with a compliance due date of June 20, 2025.
- ▯ Intake #00148693 for a Follow-Up to High Priority Compliance Order from workspace 2025-1267-0004 for FLTCA, 2021, s. 24 (1) related to duty to protect, with a compliance due date of June 10, 2025.
- ▯ Intake #00148767 for a complaint related to bathing and responsive behaviours.
- ▯ Intake #00150925 for a complaint related to air temperatures, cooling requirements and air conditioning requirements.
- ▯ Intake #00150922 for a complaint related to air temperatures, cooling requirements and air conditioning requirements.

## Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1267-0004 related to FLTCA, 2021, s. 24 (1)  
Order #002 from Inspection #2025-1267-0004 related to O. Reg. 246/22, s. 79 (1) 9.  
Order #003 from Inspection #2025-1267-0004 related to O. Reg. 246/22, s. 268 (4) 1.  
vi.

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

Resident Care and Support Services  
Continence Care  
Food, Nutrition and Hydration  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Responsive Behaviours  
Reporting and Complaints

## 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.

The licensee has failed to ensure the written plan of care for a resident set out clear directions to staff related to the level of assistance required to toilet the resident. The care plan identified the resident required two different levels of assistance for toileting.

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The resident's care plan was revised to identify the level of assistance for toileting actually required.

Sources: Review of clinical health record of a resident and interviews with staff.

Date Remedy Implemented: July 24, 2025

NC #002 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.

The licensee has failed to ensure that the plan of care for a resident related to toileting was revised when their care needs changed. The plan of care identified how staff would be aware that toileting was required and that the resident would be toileted as needed. Their Incontinence Assessment indicated prompted voiding and did not include the same information as to how staff would be aware that the resident required toileting. The plan was revised to be accurate with the change in care needs.

Sources: Observations of a resident, review of the plan of care and Incontinence Assessment, and interviews with staff.

Date Remedy Implemented: July 28, 2025

**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

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aspects of care of a resident collaborated with each other, in the assessment of the resident's continence so that their assessments were integrated, consistent with and complemented each other. An Incontinence Assessment identified the resident had a level of continence and did not use any supplies; however, the assessment was not completed in collaboration with other staff as the resident was reported to have a different level of continence and used supplies.

Sources: Review of clinical health record of a resident, observations of the resident and interviews with staff.

## WRITTEN NOTIFICATION: Plan of Care

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

### Non-compliance with: FLTCA, 2021, s. 6 (10) (c)

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,  
(c) care set out in the plan has not been effective.

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised when the care set out in the plan, related to bathing, was not effective. The bath schedule, dated January 2025, indicated the resident was bathed on specific dates and times. The resident refused a number of bathing opportunities over a three month period of time, without reassessment.

Sources: Review of bath schedule and clinical health record of a resident and interviews with staff.

## WRITTEN NOTIFICATION: Cooling requirements

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

### Non-compliance with: O. Reg. 246/22, s. 23 (1)

Cooling requirements

s. 23 (1) Every licensee of a long-term care home shall ensure that a written heat related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices. O. Reg. 246/22, s. 23 (1).

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The licensee has failed to comply with the home's written heat related illness prevention and management plan (HRIPMP).

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee was required to ensure the HRIPMP was complied with.

Specifically, the home's policy indicated that resident's will be assessed annually in May for heat related illness (HRI) and the home will communicate the plan to residents, volunteers, visitors and both Residents' and Family Councils by way of communication board.

A review of two resident's clinical record identified that a HRI assessments were completed after May 2025. It was acknowledged that the home did not communicate their HRIPMP by way of communication board until July 16, 2025, after discussion with the Inspectors upon entrance of the home.

Sources: The home's HRIPMP policy, resident's clinical record and interviews with staff.

## WRITTEN NOTIFICATION: Cooling requirements

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

### Non-compliance with: O. Reg. 246/22, s. 23 (2) (a)

Cooling requirements

s. 23 (2) The heat related illness prevention and management plan must, at a minimum, (a) identify specific risk factors that may lead to heat related illness and require staff to regularly monitor whether residents are exposed to such risk factors and take appropriate actions in response;

The licensee has failed to ensure that their HRIPMP, identified specific interventions and strategies that were to be implemented to prevent or mitigate identified risk factors that may lead to heat related illness.

Interventions and strategies that were not included in the plan were as follows:

A. Who, when, where and how the temperatures were to be measured and documented.

B. Where designated cooling areas were in the home.

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C. How the home received heat related alerts and when the home should implement their plan.

D. That the home was to be maintained at a minimum temperature of 22 degrees Celsius, year-round.

E. What to do when air conditioning was not working and when the staff were to measure the temperature in those areas.

F. The roles and responsibilities of all staff in all departments.

The home's air conditioning was not fully operational for approximately three days. Registered staff did not have thermometers available to measure the resident's rooms where the air conditioning was not fully operational.

Sources: The home's heat related illness prevention and management plan/policy and interview with staff.

### WRITTEN NOTIFICATION: Cooling requirements

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

#### Non-compliance with: O. Reg. 246/22, s. 23 (3)

Cooling requirements

s. 23 (3) The heat related illness prevention and management plan for the home shall be evaluated and updated, at a minimum, annually in accordance with evidence-based practices. O. Reg. 246/22, s. 23 (3).

The licensee has failed to ensure that the HRIPMP was evaluated and updated, at a minimum, annually in accordance with evidence-based practices.

It was acknowledged that the HRIPMP had not been evaluated annually.

Sources: Interview with staff.

### WRITTEN NOTIFICATION: Air temperatures

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

#### Non-compliance with: O. Reg. 246/22, s. 24 (4)

Air temperature

s. 24 (4) In addition to the requirements in subsection (2), the licensee shall ensure that, for every resident bedroom in which air conditioning is not installed, operational and in

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good working order, the temperature is measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m. on,  
(a) every day during the period of May 15 to September 15; and  
(b) every other day during which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day.

The licensee has failed to ensure that, for every resident bedroom in which air conditioning was not in good working, order, the temperature was measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m., on every day during the period of May 15 to September 15 and when Environment and Climate Change Canada forecasted was 26 degrees Celsius or above at any point during the day.

On three days, the home's air conditioning was not fully operational and affected several resident bedrooms, during these dates the outside temperature was forecasted as 26 degrees Celsius and above. It was acknowledged that temperatures were measured but documentation was not provided that they were all completed daily and in the time frame specified.

Sources: Interview with staff.

## WRITTEN NOTIFICATION: Responsive Behaviours

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### Non-compliance with: O. Reg. 246/22, s. 58 (4)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

- (a) the behavioural triggers for the resident are identified, where possible;
- (b) strategies are developed and implemented to respond to these behaviours, where possible; and
- (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that a resident, who demonstrated a responsive

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behaviour, had behavioural triggers identified where possible; had strategies developed and implemented to respond to the behaviour where possible; that actions were taken to respond to the resident, including assessments, reassessments and interventions and that the resident's responses to interventions were documented.

The resident was reported to demonstrate a resistance / refusal of care. Point of Care records identified a refusal of care. The care plan did not include a focus statement for or documentation related to refusal/resistance to care, nor were triggers or written strategies identified related to the behaviour. The records did not include documentation of assessments, interventions nor the resident's response any interventions when the care was refused.

Sources: Review of clinical health records of a resident and interviews with staff.

## WRITTEN NOTIFICATION: Responsive Behaviours

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that a resident, who demonstrated responsive behaviours, had actions taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions were documented. The resident was reported to be resist / refuse care. Point of Care records identified a refusal of care. The records did not include documentation of assessments, interventions nor the resident's response to interventions when the care was refused.

Sources: A review of clinical health record of a resident, observations of the resident and interviews with staff.