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

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Public Report

Report Issue Date: February 17, 2026
Inspection Number: 2026-1267-0001
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: February 3 - 5, 9 -13 and 17, 2026.
The inspection occurred offsite on the following date: February 6, 2026.

The following intake was inspected:
-Intake: #00168600 was related to a Proactive Compliance Inspection.

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

Continence Care
Infection Prevention and Control
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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

A resident's plan of care was not clear when staff were required to wear personal protective equipment (PPE) and which PPE to wear. Two staff were not aware of the PPE requirements while caring for the resident.

Sources: resident's clinical record, signage; and interviews with staff.

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 2.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
2. The outcomes of the care set out in the plan of care.

A resident's electronic medication administration record (eMAR) required staff to document a specific resident outcome on every shift. This was not documented on every shift for a week in 2026.

Sources: resident's clinical record; and interview with staff.

WRITTEN NOTIFICATION: Plan of Care

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

A resident's plan of care was not revised when the resident's care needs changed.

Sources: resident's clinical record; and interviews with staff.

WRITTEN NOTIFICATION: Pain Management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

In accordance with O. Reg. 246/22 s. 11(1)(b), the licensee is required to ensure that written policies developed for the pain management program were complied with. Specifically, the home's pain management policy specified that registered staff were to document the effectiveness of pharmacological/non-pharmacological interventions in Point Click Care (PCC). Multiple times in January and February 2026,

for two residents, documentation regarding the effectiveness of as needed (PRN) pain medication occurred over seven hours after administration and, at times, after scheduled pain medication was administered.

Sources: two residents' clinical records, Pain Management Program; and interviews with staff.

WRITTEN NOTIFICATION: Palliative Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 61 (2)
Palliative care
s. 61 (2) The licensee shall ensure that the interdisciplinary assessment of the resident's palliative care needs for their plan of care considers the resident's physical, emotional, psychological, social, cultural, and spiritual needs.

An interdisciplinary assessment of a resident's palliative care needs was not completed considering the resident's emotional, psychological, social, cultural, and spiritual needs.

Sources: resident's clinical records; and interview with staff.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program

s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

A. Section 9.1 (b) of the Infection Prevention and Control (IPAC) Standard specified that the four moments of hand hygiene included before aseptic procedures and initial resident contact.

Three registered staff consistently did not perform hand hygiene according to the 4 moments of hand hygiene.

B. Sections 10.4 (h) and (i) of the IPAC Standard specified that support should be given to residents to perform hand hygiene prior to receiving meals, including residents who may have difficulty completing hand hygiene due to mobility, cognitive or other impairments.

Three residents, who either came independently to the dining room or were brought by a care giver, were not offered, encouraged or supported to perform hand hygiene prior to their meal. Seven residents who were receiving tray service at lunch were not offered, encouraged or supported to perform hand hygiene prior to receiving their meal.

Sources: observations; IPAC Standard for Long-Term Care Homes (revised September 2023).

WRITTEN NOTIFICATION: Training and Orientation

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 260 (1)

Retraining
s. 260 (1) The intervals for the purposes of subsection 82 (4) of the Act are annual intervals.

In accordance with FLTCA s. 82 (2) paragraph 9 and FLTCA s. 82 (4), staff did not complete the required annual training.

Four staff did not complete annual IPAC training in 2025.

Sources: home's training records; and interview with staff.

WRITTEN NOTIFICATION: Training and Orientation

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 261 (2) 1.
Additional training — direct care staff
s. 261 (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 82 (7) of the Act based on the following:
1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 82 (7) of the Act.

In accordance with FLTCA s. 82 (7) paragraphs 5 and 6, along with O. Reg. 246/22 s. 261 (1) paragraphs 3 and 4, direct care staff did not receive or did not complete the required annual training.

A. Three registered staff and two personal support workers (PSWs) did not receive annual pain management training in 2025,
B. One registered staff and one PSW did not receive annual palliative care training in

2025; and,

C. One registered staff did not complete annual continence care training in 2025.

Sources: home's training records and certifications of completion; and interview with staff.