

**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 7, 2026

**Inspection Number:** 2026-1267-0002

**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 25, 27, 30 - April 2, 7, 2026

The following intakes were inspected:

- Intake #00166473/Critical Incident (CI) #2776-000023-25 related to infection prevention and control
- Intake #00171213/CI #2776-000001-26 falls prevention and management
- Intake #00167743/Complainant related to falls prevention and management and alleged neglect

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

- Infection Prevention and Control
- Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 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.

A resident's plan of care was not implemented when their 1:1 staff member was not present for a period of time and the resident sustained a fall.

**Sources:** resident's clinical records, interviews with staff.

### WRITTEN NOTIFICATION: General requirements

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

**Non-compliance with: O. Reg. 246/22, s. 34 (2)**

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

A staff member did not document an assessment they completed for a resident on a specified date.

**Sources:** resident's clinical records, interviews with staff.

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## **WRITTEN NOTIFICATION: Falls prevention and management**

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

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The homes falls policy indicated the plan of care shall include individualized, multifactorial fall and injury prevention strategies to address risk factors, which did not occur for a resident.

**Sources:** resident's clinical records, interviews with staff, and home's falls prevention and management policy (Doc #09-02-01, revised November 10, 2025).

## **WRITTEN NOTIFICATION: Infection Prevention and Control - Symptom Monitoring**

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

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

Infection prevention and control program

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

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection

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(2); and

The home experienced an Influenza A outbreak December 25, 2025 to January 12, 2026. In accordance with the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022 (revised February 2026), infection monitoring was not completed and documented on every shift for a resident with an active infection on 6 shifts during the outbreak.

**Sources:** resident's clinical records, LTCH Policy, IPAC Standard for Long-Term Care Homes, April 2022 (revised February 2026); and interview with staff.