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: August 14, 2025
Inspection Number: 2025-1096-0004
Inspection Type:
Critical Incident

Licensee: Heritage Nursing Homes Inc.
Long Term Care Home and City: The Heritage Nursing Home, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 6-8, 11, 12, 14, 2025
The inspection occurred offsite on the following date(s): August 13, 2025

The following intakes were inspected in this Critical Incident (CI) inspection:

- Intake: #00149798 [CI: 2582-000017-25] - related to a disease outbreak
- Intakes: #00150310 [CI: 2582-000018-25] and #00150652 [CI: 2582-000019-25] - related to a fall of a resident resulting in injury
- Intake: #00151945 [CI: 2582-000020-25] - related to an injury of unknown cause

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

Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and 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 (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; and

The licensee has failed to ensure that the staff involved in a resident's care collaborated in the assessment of the resident so that their assessments were consistent with and complemented each other.

A resident sustained a fall during a shift. A Personal Support Worker (PSW) found the resident and transferred the resident by themselves. The PSW did not report the fall to the Registered Practical Nurse (RPN) on duty during that shift. The resident complained of pain on the next shift and reported the fall to a Registered Nurse (RN). The resident was then transferred to the hospital, where they were diagnosed with an injury.

Both RPN and RN acknowledged that the resident should have been assessed by registered nursing staff immediately after their fall and prior to being transferred by the PSW.

Failure to immediately report a resident's fall, delayed assessment and the provision of appropriate treatment and interventions, placing the resident at increased risk of harm.

Sources: A resident's clinical records, interviews with a PSW, an RPN, and an RN.

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #002 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 transferring and positioning techniques when assisting a resident. The resident required a level of assistance with a transferring device. On a specified date, a PSW transferred a resident by a different level of assistance using the transferring device.

Sources: A resident's clinical records, interviews with a PSW and the Director of Care (DOC).

WRITTEN NOTIFICATION: Required Programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to ensure that an assessment was initiated after a resident's unwitnessed fall.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to have a falls prevention and management program that provided strategies to monitor residents and must be complied with. Specifically, registered nursing staff did not comply with the home's Falls Prevention and Management Program Policy to initiate an assessment for a type of fall. A resident's assessment records revealed that the assessment was not initiated on a date prior to the resident being transferred to the hospital for further assessment.

Sources: A resident's clinical records, the home's Falls Prevention and Management Program Policy (revised August 2024) and interview with an RN.

WRITTEN NOTIFICATION: Required Programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 2.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure injuries, and provide effective skin and wound care interventions.

The licensee has failed to ensure a comprehensive assessment was completed for two residents when they returned from the hospital.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to have a skin and wound care program that provided strategies to promote skin integrity and must be complied with. Specifically, registered nursing staff did not comply with the home's Skin and Wound Care Program Policy to complete an assessment following the resident's return from hospital.

(i) A resident sustained a fall and was transferred to the hospital for further assessment. The resident's assessment record revealed that the specified assessment was not completed after their return from hospital.

Sources: A resident's clinical records, home's Skin and Wound Management Program Policy (Revised: December 2024) and interview with an RPN.

(ii) A resident was transferred to the hospital for further assessment of an injury. The resident's assessment record revealed that the specified assessment was not completed after their return from hospital.

Sources: A resident's clinical records, home's Skin and Wound Management Program Policy (Revised: December 2024) and interview with the DOC.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #005 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).

The licensee has failed to ensure that the IPAC Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 (f) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that a PSW applied the appropriate Personal Protective Equipment (PPE), when they were observed entering a resident room on additional precautions without applying any required PPE.

Sources: Observations; and interview with a PSW.