

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: January 30, 2025
Inspection Number: 2025-1382-0002
Inspection Type: Proactive Compliance Inspection
Licensee: S & R Nursing Homes Ltd.
Long Term Care Home and City: Heron Terrace Long Term Care Community, Windsor

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 21, 23, 24, 27, 29, and 30, 2025.

The following intake(s) were inspected:

- Intake: #00137289 - Proactive Compliance Inspection - 2025

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

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

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Residents' Rights and Choices
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: O. Reg. 246/22, s. 93 (2) (a) (ii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

- (a) cleaning of the home, including,
- (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

The licensee failed to ensure that a dining room was clean during a dining observation, when the inspector noted dining room walls and baseboards to be unclean.

By not ensuring procedures for housekeeping and cleaning were implemented in the dining room placed residents at risk for infection and not living in a safe and clean environment.

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On January 23, 2025, the inspector observed the dining room to be clean.

SOURCES: dining room observations, interviews with a Personal Support Worker (PSW) and the Administrator.

Date Remedy Implemented: January 23, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 271 (1) (d)

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(d) the Ministry's toll-free telephone number for making complaints about homes;

The licensee failed to ensure that the home's website included the Ministry's toll-free telephone number for making complaints about the home.

SOURCES: Steeves and Rozema Heron Terrace website, interview with the Administrator.

Date Remedy Implemented: January 27, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 271 (1) (g)

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(g) the current version of the visitor policy made under section 267; and

The licensee failed to ensure that the home's website included their current version of the visitor policy made under section 267.

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SOURCES: Steeves and Rozema Heron Terrace website, interview with the Administrator.

Date Remedy Implemented: January 27, 2025

WRITTEN NOTIFICATION: Powers of Residents' Council

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure they fully responded to the Residents' Council in writing within 10 days of when the Residents' Council had advised the licensee of concerns documented in council meeting minutes.

During an interview with the Social Worker/Resident Council Liaison, they indicated that the home does not have a process in place to respond to council concerns or recommendations in writing within 10 days.

SOURCES: Resident's Council meeting minutes, interview with the Social Worker/Resident Council Liaison.

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WRITTEN NOTIFICATION: Doors In a Home

NC #005 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 door leading to a stairway, was closed and locked when not supervised. The Inspector observed the emergency door leading to the stairway to have been open. There were no staff present and it was determined that the alarm had been disabled.

SOURCES: Observation and interviews with the Environmental Supervisor and the Administrator.

WRITTEN NOTIFICATION: Communication and Response System

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

Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;

The licensee failed to ensure that the home's resident-staff communication and

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response system could be easily seen, and accessed by residents, staff and visitors in resident areas including the common areas and on home areas that were found to be equipped with communication and response system panels that were not accessible.

SOURCES: Residents' Council Meeting Minutes observations, interview with the Administrator and Director of Environmental Services.

WRITTEN NOTIFICATION: Communication and Response System

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

Non-compliance with: O. Reg. 246/22, s. 20 (e)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(e) is available in every area accessible by residents;

The licensee failed to ensure that the home's resident-staff communication and response system was available when the inspector observed residents in a lounge on a home area that was not equipped with a communication and response system.

SOURCES: observations, interview with the Administrator and Director of Environmental Services.

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WRITTEN NOTIFICATION: Hazardous Substances

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

Non-compliance with: O. Reg. 246/22, s. 97

Hazardous substances

s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee failed to ensure that all hazardous substances at the home were kept inaccessible to residents when an inspector observed three areas in the home where chemicals were stored and found accessible to residents.

SOURCES: observation of resident home areas, interviews with a Dietary Aide and the Administrator.