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

Hamilton District
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Public Report

Report Issue Date: October 10, 2025
Inspection Number: 2025-1443-0003
Inspection Type: Critical Incident
Licensee: Benevolent Society "Heidehof" for the Care of the Aged
Long Term Care Home and City: Heidehof Long Term Care Home, St Catharines

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 7-10, 2025

The following intake was inspected:

- Intake: #00157687/Critical Incident (CI) #2960-000007-25 related to Falls Prevention and Management.

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

Falls Prevention and 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: 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.

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan for falls. The resident's plan of care indicated that they required a specified device, but this did not occur when staff failed to apply the device on an identified date. Staff applied the device later on the same date.

Sources: Observation, resident's clinical record.

Date Remedy Implemented: An identified date

WRITTEN NOTIFICATION: Required programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.
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:
4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee has failed to comply with the home's pain management program when

staff did not document in the electronic Medication Record (eMAR) a specified medication given to a resident on two occasions and did not assess the effectiveness of the medication. 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 policy indicated that all medications given to the resident were documented in the eMAR and the effectiveness of pain control strategies pre-and post-intervention was assessed, which did not occur for the resident.

Sources: Resident's clinical record, home's Pain Identification Management Policy, interview with staff.