

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

<b>Report Issue Date:</b> December 3, 2025
<b>Inspection Number:</b> 2025-1443-0004
<b>Inspection Type:</b> Proactive Compliance Inspection
<b>Licensee:</b> Benevolent Society "Heidehof" for the Care of the Aged
<b>Long Term Care Home and City:</b> Heidehof Long Term Care Home, St Catharines

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: November 20, 24, 26-28, 2025 and December 1-3, 2025.

The following intake(s) were inspected:

-Intake: #00162397 (Proactive Compliance Inspection)

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

Food, Nutrition and Hydration  
Infection Prevention and Control  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Dietary Services and Hydration

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

**Non-compliance with: FLTCA, 2021, s. 15 (2)**

Dietary services and hydration

s. 15 (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied.

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On an identified date staff provided a resident with ice cream at lunch, which was unsafe based on the resident's current diet order.

**Sources:** Interview with staff, observations, resident's clinical record.

## 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 (1) 4.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

(a) The written record of the 2025 program evaluation for the Falls Prevention and Management program indicated that the home implemented changes to the post fall assessment. The date the change was implemented was not included in the program evaluation.

**Sources:** Review of the 2025 program evaluation for the Falls Prevention and Management program; Interview with staff.

(b) The written record of the 2024 Nutrition and Hydration Program evaluation did not include a summary of the changes made and the date that those changes were implemented.

**Sources:** 2024 Nutrition and Hydration Program evaluation, interview with staff.

## WRITTEN NOTIFICATION: Nutritional Care and Hydration Programs

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

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (e) (i)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

- (e) a weight monitoring system to measure and record with respect to each resident,
- (i) weight on admission and monthly thereafter, and

(a) A resident had missing weights for three out of twelve months of 2025.

**Sources:** Interview with staff, resident's clinical record, Nutrition and Hydration Management Policy (Jan/24).

(b) A resident had missing weights for six out of twelve months of 2025.

**Sources:** Interview with staff, resident's clinical record, Nutrition and Hydration Management Policy (Jan/24).

## **WRITTEN NOTIFICATION: Nutritional Care and Hydration Programs**

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

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (e) (ii)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

- (e) a weight monitoring system to measure and record with respect to each resident,
- (ii) body mass index and height upon admission and annually thereafter.

(a) A resident had not had a height completed since 2017.

**Sources:** Interview with staff, resident's clinical record, Nutrition and Hydration Management Policy (Jan/24).

(b) A resident had not had a height completed since 2022.

**Sources:** Interview with staff, resident's clinical record, Nutrition and Hydration

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Management Policy (Jan/24).

## **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).

A student was observed in a resident room, wearing only a mask when additional precaution signage indicated that additional Personal Protective Equipment (PPE) was required.

**Sources:** Resident's clinical records, observations, interview with staff and student.

## **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 (11) (b)**

Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(b) a written plan for responding to infectious disease outbreaks. O. Reg. 246/22, s. 102 (11).

The home notified the Niagara Region Public Health (NRPH) on November 24, 2025, when they should have been notified on November 22, 2025, as required by the home's IPAC Policy Manual.

**Sources:** Review of CIS #2960-000008-25, 2023 - 2024 Infection Prevention and Control (IPAC) Policy Manual for Heidehof, last revised 2023, the home's line list; interview with Public Health Inspector #125 and staff.

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## WRITTEN NOTIFICATION: CMOH and MOH

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

**Non-compliance with: O. Reg. 246/22, s. 272**

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

When the home was in a confirmed respiratory outbreak starting November 24, 2025, the home did not conduct the weekly IPAC audits.

**Sources:** Interview with staff.

## COMPLIANCE ORDER CO #001 Nutritional Care and Hydration Programs

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (d)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall ensure:

(a) A system for monitoring fluid intakes is developed and implemented, which should include:

(1) A process for identifying residents at risk of dehydration

(2) A system for monitoring total daily fluid intakes for residents

(3) Standardized registered nursing staff documentation requirements for assessing residents for signs and symptoms of dehydration

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(4) Identification of when a referral is required to be sent to the Registered Dietitian for low fluid intake

(b) Education is provided to all staff affected by the change in process, including registered nursing staff

(c) A written record is maintained of the education provided, that includes names and role of the staff who completed the training, the date and time when the training was completed, and who provided the training

(d) All of the above should be completed in collaboration with the Registered Dietitian of the home

## Grounds

The homes Nutrition and Hydration Management Policy (Jan/24) does not include a process for monitoring residents fluid intakes and does not identify when a referral is to be sent to the Registered Dietitian for low fluid intake. Two residents had fluid intakes below their estimated requirements. There were no dietitian referrals and no progress notes documented by staff related to low fluid intake for either resident during this time. This put the residents at risk because they were not assessed for dehydration, and necessary interventions may not have been added.

**Sources:** Resident's clinical records, interviews with staff, Nutrition and Hydration Management Policy (Jan/24).

**This order must be complied with by February 20, 2026**

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).