



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
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Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 19, 2014	2014_312503_0025	H-000496, 503-14	Follow up

Licensee/Titulaire de permis

HERITAGE GREEN NURSING HOME
353 ISAAC BROCK DRIVE STONEY CREEK ON L8J 2J3

Long-Term Care Home/Foyer de soins de longue durée

HERITAGE GREEN NURSING HOME
353 ISAAC BROCK DRIVE STONEY CREEK ON L8J 2J3

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

LAURA BROWN-HUESKEN (503)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): November 27, 2014

During the course of the inspection, the inspector(s) spoke with director of care, dietary manager, assistant dietary manager, clinical care coordinator, registered nursing staff, dietary aides, cooks, programs staff and personal support workers

The following Inspection Protocols were used during this inspection:



**Dining Observation
Nutrition and Hydration**

During the course of this inspection, Non-Compliances were issued.

**2 WN(s)
0 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 73. (1)	CO #009	2014_214146_0005		503

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that that home's Daily Food Temperature Recording policy was complied with.

The home's policy "Daily Food Temperature Recording", 05-03-02A, directed staff to record food temperatures prior to meal service. A review of the temperatures recorded between November 24 and November 27, 2014, found that meal temperatures were not completed:

- dinner meal on the second floor servery on November 24, 2014,
- dinner meal on the first floor servery on November 25, 2014,
- lunch meal on the first floor servery on November 26, 2014.

Interviews and record review of the breakfast temperatures on November 27, 2014, found that they were not completed prior to meal service. An interview with the home's Dietary Manager confirmed that the identified food temperatures were not completed and that the home's policy had not been complied with. [s. 8. (1) (b)]

2. The licensee failed to ensure that that home's Hypoglycemia Protocol was complied with.

The home's "Hypoglycemia Protocol" directed staff to completed the following steps if a resident is conscious with a capillary blood glucose (CBG) under 4 millimoles per litre (mmol/L):

- orally administer 15-20g of carbohydrate through a treatment of honey, juice or soda and then recheck the CBG in 15 minutes,
- if the CBG remains below 4 mmol/L, give another treatment and recheck the CBG in 15 minutes,
- if the CBG is not over 4 mmol/L, treat the resident with a glucagon pen or Insta Glucose.
- If the CBG rises to or above 4 mmol/L after treatment, staff are directed to provide a protein and carbohydrate containing snack and to monitor CBG one hour post snack.

On an identified date, resident #001 had a CBG of less than 4 mmol/L prior to dinner. The resident was provided dinner and had the CBG rechecked after dinner. An interview with the home's Director of Care and Clinical Care Coordinator confirmed the home's "Hypoglycemia Protocol" was not complied with as the resident was not provided an outlined treatment or rechecked after 15 minutes. [s. 8. (1) (b)]



3. On an identified date, resident #002 had a CBG of less than 4 mmol/L at an identified time. The resident was treated with juice. The CBG was rechecked 25 minutes later and remained below 4 mmol/L. The resident was reported to have had a banana, no treatment was provided. The CBG was rechecked approximately two and a half hours later and was reported to be below 4 mmol/L and the resident was again treated with juice. The CBG was rechecked approximately three hours later and remained below 4 mmol/L. The resident was treated with a glass of orange juice given and on recheck 15 minutes later the CBG was above 4 mmol/L. No further treatments were provided by staff.

On an identified date, resident #002 had a CBG of less than 4mmol/L at an identified time. The resident was treated with juice and the CBG was rechecked 15 minutes later and recorded to be less than 4 mmol/L. The juice treatment was repeated and CBG was rechecked 15 minutes later and recorded to be above 4 mmol/L. No further treatments were provided by staff.

On an identified date, resident #002 had a CBG of less than 4 mmol/L. On a second identified date, resident 002 had a CBG of less than 4 mmol/L. No noted treatments were provided by staff.

An interview with the Director of Care and the Clinical Care Coordinator confirmed that the "Hypoglycemia Protocol" was not complied with in each of the noted instances. [s. 8. (1) (b)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service



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Specifically failed to comply with the following:

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee failed to provide residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drinks as comfortably and independently as possible.

During the lunch meal observation on November 27, 2014, resident #004 was observed to have five glasses of fluids on the table; one was in an assistive device. A review of the resident's written plan of care and the resident meal service information tool located in the servery, reveal that the resident requires the assistive device for all fluids. An interview with the Assistant Dietary Manager confirmed that the resident should have been provided an assistive device for fluids. [s. 73. (1) 9.]

Issued on this 12th day of January, 2015

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.



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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : LAURA BROWN-HUESKEN (503)

Inspection No. /

No de l'inspection : 2014_312503_0025

Log No. /

Registre no: H-000496, 503-14

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Dec 19, 2014

Licensee /

Titulaire de permis : HERITAGE GREEN NURSING HOME
353 ISAAC BROCK DRIVE, STONEY CREEK, ON,
L8J-2J3

LTC Home /

Foyer de SLD : HERITAGE GREEN NURSING HOME
353 ISAAC BROCK DRIVE, STONEY CREEK, ON,
L8J-2J3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur :

To HERITAGE GREEN NURSING HOME, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
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Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur

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Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /

Lien vers ordre existant: 2014_214146_0005, CO #002;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that the home's Daily Food Temperature Recording policy, 05-03-02A, and the home's Hypoglycemia protocol are complied with. This plan should include, but not be limited to:

- A) Education of all pertinent staff,
- B) Processes and schedules for monitoring staff's compliance with the policy or protocol.

The plan is to be submitted to Laura.Brown-Huesken@ontario.ca by January 12, 2015.

Grounds / Motifs :

1. Previously issued February 2011 as a VPC, March 2012 as a VPC, January 2013 as a Compliance Order (CO), February 2013 and May 2013 as a VPC because compliance date had not passed, and April 2014 as a CO.

The licensee failed to ensure that that home's Hypoglycemia Protocol was complied with.

The home's Hypoglycemia Protocol directed staff to completed the following steps if a resident is conscious with a capillary blood glucose (CBG) under 4 millimoles per litre (mmol/L):

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- orally administer 15-20g of carbohydrate through a treatment of honey, juice or soda and then recheck the CBG in 15 minutes,
- if the CBG remains below 4 mmol/L, give another treatment and recheck the CBG in 15 minutes,
- if the CBG is not over 4 mmol/L, treat the resident with a glucagon pen or Insta Glucose.
- If the CBG rises to or above 4 mmol/L after treatment, staff are directed to provide a protein and carbohydrate containing snack and to monitor CBG one hour post snack.

On an identified date, resident #002 had a CBG of less than 4 mmol/L at an identified time. The resident was treated with juice. The CBG was rechecked 25 minutes later and remained below 4 mmol/L. The resident was reported to have had a banana, no treatment was provided. The CBG was rechecked approximately two and a half hours later and was reported to be below 4 mmol/L and the resident was again treated with juice. The CBG was rechecked approximately three hours later and remained below 4 mmol/L. The resident was treated with a glass of orange juice given and on recheck 15 minutes later the CBG was above 4 mmol/L. No further treatments were provided by staff.

On an identified date, resident #002 had a CBG of less than 4mmol/L at an identified time. The resident was treated with juice and the CBG was rechecked 15 minutes later and recorded to be less than 4 mmol/L. The juice treatment was repeated and CBG was rechecked 15 minutes later and recorded to be above 4 mmol/L. No further treatments were provided by staff.

On an identified date, resident #002 had a CBG of less than 4 mmol/L. On a second identified date, resident 002 had a CBG of less than 4 mmol/L. No noted treatments were provided by staff.

An interview with the Director of Care and the Clinical Care Coordinator confirmed that the "Hypoglycemia Protocol" was not complied with in each of the noted instances. (503)

2. On an identified date, resident #001 had a CBG of less than 4 mmol/L prior to dinner. The resident was provided dinner and had the CBG rechecked after dinner. An interview with the home's Director of Care and Clinical Care Coordinator confirmed the home's "Hypoglycemia Protocol" was not complied with as the resident was not provided an outlined treatment or rechecked after



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15 minutes. (503)

3. The licensee failed to ensure that that home's Daily Food Temperature Recording policy was complied with.

The home's policy "Daily Food Temperature Recording", 05-03-02A, directed staff to record food temperatures prior to meal service. A review of the temperatures recorded between November 24 and November 27, 2014, found that meal temperatures were not completed:

- dinner meal on the second floor servery on November 24, 2014,
- dinner meal on the first floor servery on November 25, 2014,
- lunch meal on the first floor servery on November 26, 2014.

Interviews and record review of the breakfast temperatures on November 27, 2014, found that they were not completed prior to meal service. An interview with the home's Dietary Manager confirmed that the identified food temperatures were not completed and that the home's policy had not been complied with.

(503)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 06, 2015



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Ordre(s) de l'inspecteur

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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 to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 19th day of December, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Laura Brown-Huesken

Service Area Office /

Bureau régional de services : Hamilton Service Area Office