



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

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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

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	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection November 17, 2010	Inspection No/ d'inspection 2010_146_2776_16Nov140335	Type of Inspection/Genre d'inspection Complaint H-02656 and H-02672
Licensee/Titulaire Heritage Green Nursing Home, 353 Issac Brock Drive, Stoney Creek, ON., L8J 2J3		
Long-Term Care Home/Foyer de soins de longue durée Heritage Green Nursing Home, 353 Issac Brock Drive, Stoney Creek, ON., L8J 2J3		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146	Inspection Summary/Sommaire d'inspection	
The purpose of this inspection was to conduct a complaint inspection.		
During the course of the inspection, the inspector spoke with: the Administrator, the Assistant Administrator, the Director of Care (DOC), 2 registered staff, 3 Personal Support Workers (PSW), 1 receptionist, 2 residents and 1 family member.		
During the course of the inspection, the inspector: reviewed the health files of 3 residents and observed 2 residents in the dining /activities room.		
The following Inspection Protocols were used during this inspection: Responsive Behaviours		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:		
1 WN		



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NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR = Director Referral/Référence envoyée

CO = Compliance Order/Ordres de conformité

WAO = Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

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.)

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

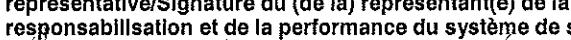
WN #1: The Licensee has failed to comply with LTCHA, 2007, c.8, s.6(1)

6(1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

Findings:

1. The strategy in the care plan to prevent an identified resident's verbal abuse is re-direction, however, the health file states that the resident frequently does not re-direct easily if at all. There is a need for more specific and clear direction to the direct caregivers as to what to do in those instances where redirection does not work.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.  <i>Dec 16 /10</i>	
Title: <input type="text"/>	Date: <input type="text"/>	Date of Report: (if different from date(s) of inspection). <input type="text"/>