

**Ministry of Long-Term Care**

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

**Toronto District**

5700 Yonge Street, 5th Floor  
Toronto, ON, M2M 4K5  
Telephone: (866) 311-8002

**Public Report**

**Report Issue Date:** April 4, 2025

**Inspection Number:** 2025-1096-0002

**Inspection Type:**

Critical Incident  
Follow up

**Licensee:** Heritage Nursing Homes Inc.

**Long Term Care Home and City:** The Heritage Nursing Home, Toronto

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): April 1 - 4, 2025,

The following intake was inspected in this follow-up inspection:

- Intake: #00137622 related to infection prevention and control program.

The following intake(s) were inspected in this Critical Incident (CI) Inspection:

- Intake: #00139904 [CI #2582-000005-25] was related to fall with injury;
- Intake: #00141920 [CI #2582-000007-25] was related to a disease outbreak.

The following intake(s) were completed in this inspection:

- Intake: #00139278 [CI #2582-000004-25] related to a disease outbreak;
- Intake: #00143778 [CI #2582-000010-25] related to a disease outbreak.

**Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1096-0001 related to O. Reg. 246/22, s. 102 (2)

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(b)

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

Infection Prevention and Control  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of Care

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

**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 resident, who was at risk for falls was provided with two fall interventions as specified in their plan of care.

When the resident had a fall on a particular day, the two fall interventions were not in use.

The Personal Support Worker (PSW) acknowledged not checking if the first fall intervention was working and indicated that the resident had refused the second fall intervention at the time of their fall.

**Sources:** CI Report # 2582-000005-25, the resident's care plan, progress notes, post-fall assessments, interviews with resident, PSW and Director of Care.

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## WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (9)**

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.
2. The outcomes of the care set out in the plan of care.
3. The effectiveness of the plan of care.

The licensee has failed to ensure that the outcome and effectiveness of the resident's falls prevention intervention of non-slip socks were documented.

Staff were to provide the resident with a fall prevention intervention.

The resident was observed not wearing the fall prevention intervention. Staff reported that the resident did not like the fall prevention intervention and often removed them.

There was no documentation to demonstrate that the outcomes of the plan of care related to the fall prevention intervention or its effectiveness were monitored and evaluated.

**Sources:** Observations of the resident; the resident's current Care Plan and Kardex, Post-Fall Assessments, progress notes, Documentation Survey Reports; and interviews with PSWs, RPN, RN, and DOC.

## WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

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**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).

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was implemented.

In accordance with additional requirement 9.1 (b) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee had failed to ensure that Routine Practices were followed in the IPAC program, specifically related to the completion of hand hygiene by a staff member.

On a particular day, on the second floor RHA, a housekeeping staff did not change their gloves or performed hand hygiene during the cleaning and disinfecting of residents dining tables along an entire hallway and then proceeded to the kitchen area where they arranged the dishes, cleaned the counter top and sink.

**Sources:** Observations made on a particular day by the inspector.

**WRITTEN NOTIFICATION: CMOH and MOH**

NC #004 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.

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The licensee has failed to ensure that recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act were followed in the home.

In accordance with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (February 2025), Section 3.1, Alcohol-based hand rubs (ABHR) must not be expired.

During an observations on a particular day, two ABHR pumps located on two different home areas were noted to have expired.

On another day, a wall mounted ABHR located on a different home area had also expired.

**Sources:** Inspector's observations on the first, second and fourth floor resident's home areas.