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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: August 20, 2025

Inspection Number: 2025-1046-0005

Inspection Type:
Complaint
Critical Incident

Licensee: CVH (NO. 11) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)

Long Term Care Home and City: Heartwood, Cornwall

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 13, 15, 18, 19, and 20, 2025.

The following intake(s) were inspected:

Intake: #00152163 -2088-000026-25 - fall of resident resulting in an injury.

Intake: #00154639 -2088-000031-25 - complaint involving care of a resident.

Intake: #00154713 -PC-2025-0001131 - anonymous complaint with concerns regarding lack of supplies and pest control.

Intake: #00154722 -PC-2025-0001135 - anonymous complaint with concerns regarding lack of supplies and pest control.

Intake: #00155348 -eCorrespondence: concern regarding a resident's care.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Housekeeping, Laundry and Maintenance Services
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Involvement of resident, etc.

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (5)
Plan of care
s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that the substitute decision maker (SDM) was able to fully participate in the plan of care for a resident, on a day in the month of July, 2025, when it was identified that the resident had a skin impairment. The Wound Management, RFC-06-02, revised August 2025, policy statement states "Registered staff will inform the resident/SDM of all significant skin conditions." The SDM was made aware of the skin impairment three days later in the month of July, 2025.

Sources: resident health care records, policy Wound Management, RFC-06-02, revised August 2025, and interviews with staff.

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