

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: November 7, 2024
Original Report Issue Date: October 24, 2024
Inspection Number: 2024-1046-0005 (A1)
Inspection Type: Complaint
Licensee: Heartwood Operating Inc.
Long Term Care Home and City: Heartwood, Cornwall

AMENDED INSPECTION SUMMARY

This report has been amended to:
Compliance Order (CO) #001 was amended to rescind an AMP issued in error.
There were no other amendments made to CO #001 therefore the served date remains October 24, 2024.

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Complaint

Licensee: Heartwood Operating Inc.

Long Term Care Home and City: Heartwood, Cornwall

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 16-18, 21-23, 2024

The following intake(s) were inspected:

- Intake: #00120973 was a complaint related to concerns with skin and wound care.
- Intake: #00128519 was a complaint related to available and accessible continence care products.

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The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management
Continence Care
Infection Prevention and Control

AMENDED INSPECTION RESULTS

(A1)

The following non-compliance(s) has been amended: NC #001

COMPLIANCE ORDER CO #001 Skin and wound care

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

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

The licensee shall:

A) Provide education to all registered staff on the early detection of signs and

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symptoms of wound infection.

B) Educate all registered staff on when a resident requires a transfer to an external wound care consultation.

C) Develop and complete a once weekly audit on all residents with signs and symptoms of wound infection, and of immediate action taken. The audits shall be completed for at least four weeks and until consistent compliance is achieved.

D) A record must be kept of everything required under (A), (B), and (C), including the date that the education was provided, the name of the registered staff, and the title and content of the education resource(s) used for the training, until the Ministry of Long-Term Care has determined the licensee has complied with this order.

Grounds

The licensee has failed to ensure that a resident's pressure injury received immediate treatment and interventions to reduce, promote healing, and prevent infection.

A resident was identified to have a pressure injury and the resident's pressure injury deteriorated with signs and symptoms of infection. Weekly skin and wound assessments showed significant decline and worsening pressure injury. During an interview with staff, they acknowledged that the home's process included transfer of a resident to the hospital for external wound care consultation when the plan of care interventions are ineffective, and the pressure injury is worsening. The resident did not have immediate treatment and interventions to promote healing and prevent further infection.

Sources: Resident's clinical records, Interview with staff.

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This order must be complied with by November 25, 2024

(A1)

The following non-compliance(s) has been amended: NC #001

COMPLIANCE ORDER CO #001 Skin and wound care

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2. Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)

Skin and wound care s. 55 (2) Every licensee of a long-term care home shall ensure that, (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds, (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

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

The licensee shall:

- A) Provide education to all registered staff on the early detection of signs and symptoms of wound infection.
- B) Educate all registered staff on when a resident requires a transfer to an external wound care consultation.
- C) Develop and complete a once weekly audit on all residents with signs and symptoms of wound infection, and of immediate action taken. The audits shall be completed for at least four weeks and until consistent compliance is achieved.
- D) A record must be kept of everything required under (A), (B), and (C), including the date that the education was provided, the name of the registered staff, and the title and content of the education resource(s) used for the training, until the Ministry of Long-Term Care has determined the licensee has complied with this order.

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A resident was identified to have a pressure injury and the resident's pressure injury deteriorated with signs and symptoms of infection. Weekly skin and wound assessments showed significant decline and worsening pressure injury. During an interview with staff, they acknowledged that the home's process included transfer of a resident to the hospital for external wound care consultation when the plan of care interventions are ineffective, and the pressure injury is worsening. The resident did not have immediate treatment and interventions to promote healing and prevent further infection.

Sources: Resident's clinical records, and interviews with staff.

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:

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- (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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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

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

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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, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide



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instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.