

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: April 17, 2025

Inspection Number: 2025-1046-0002

Inspection Type:

Proactive Compliance Inspection

Licensee: Heartwood Operating Inc.

Long Term Care Home and City: Heartwood, Cornwall

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: April 3, 4, 7, 8, 9, 10, 11, 14, 15, 16, and 17, 2025

The following intakes was inspected:

- Intake: #00143961 – Proactive Compliance Inspection (PCI)

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain Management

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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 (10) (c)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(c) care set out in the plan has not been effective.

The licensee has failed to ensure that a resident's nutritional intervention for wound healing was reassessed and the plan of care reviewed and revised when the care set out in the plan was not effective.

Specifically, the resident was assessed by the Registered Dietitian (RD) on a specified date as having increased protein requirements to support wound healing and was started on a nutritional intervention. Review of the Electronic Medication Administration Record (eMAR) showed that the resident only accepted this intervention on four days during a five month time period. The RD assessment on a specified date after the intervention was started, did not mention the resident's refusal of the intervention nor did it include a reassessment of the effectiveness or revision of this intervention.

Sources: resident's care plan, eMAR, progress notes, RD assessments, and interviews with Registered Nurse (RN) and RD.

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WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home was maintained at a minimum 22 degrees Celsius.

The temperature monitoring report for a specified month identified a temperature of 21.5 degrees Celsius in at least one area of the home on 16 days. The areas of the home that experienced a temperature of 21.5 degrees Celsius included four resident bedrooms and two dining rooms. On a specified date, the Inspector observed the air temperatures in a dining room to be 20.7 degrees Celsius at 1134 hours and 21.8 degrees Celsius at 1219 hours with two residents who requested warm blankets during meal service.

Sources: Air temperature records, observation, and interview with the Environmental Services Manager (ESM).

WRITTEN NOTIFICATION: General Requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.

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General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The licensee has failed to ensure that the continence care and bowel management program included a relevant policy or procedure related to the use and management of suprapubic urinary catheters.

A resident was admitted to the long-term care home with a specified type of continence device in place during a specified year.

During interviews, staff described varying comfort levels in the care and management of the specified type of continence device among members of registered nursing staff.

According to the Director of Care (DOC), the licensee did not have a written policy or procedure related to this specified type of continence device or any other continence devices.

Sources: a review of a resident's health care records; interviews with registered nursing staff, DOC and ADOC.