

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: November 27, 2025

Inspection Number: 2025-1161-0005

Inspection Type:

Complaint
Critical Incident

Licensee: CVH (No. 3) 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: Chelsey Park, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 24, 25, 27, 2025

The following intake(s) were inspected:

- Intake: #00161942, Complaint related to housekeeping and resident care concern.
- Intake: #00162231, related to a resident's fall.

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

Food, Nutrition and Hydration
Housekeeping, Laundry and Maintenance Services
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 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; and

The dietary plan of care for a resident in Point Click Care specified the resident had specific dietary restrictions but the Meal Suite program used in the kitchen and servery did not identify those restrictions for the same resident.

The Food Services Manager verified Meal Suite was a part of the plan of care for all residents and the resident's full dietary restrictions were absent from Meal Suite and therefore the plan of care did not provide clear direction to food service workers and other staff assisting the resident. The plan of care was updated to include those interventions.

Sources: resident's clinical record review, and interviews with resident's family member and the Food Service Manager.

Date Remedy Implemented: November 25, 2025.

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

Observations on November 24, 2025, on the second floor showed the rear door for the dining room was unlocked when unsupervised. The door was equipped with a knob lock and a twist lock mechanism from the inside, the twist lock was turned to open. The steam wells, hot water dispensers, coffee dispenser, various foods and drinks were accessible for any resident accessing the dining room.

Observations on November 25, 2025, showed the lock for the rear door for the dining room was change to a knob lock with key lock from the outside and no twist lock from the inside.

Sources: observation of the second floor dining room and interview with FSM.

Date Remedy Implemented: November 25, 2025.

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 97

Hazardous substances

s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

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Observations on November 24, 2025, with Food Services Manager (FSM) showed a hazardous substance was found under the sink cupboard in the servery of the second floor dining room. The cupboard was accessible to residents. FSM said the hazardous substance should have been kept in a locked cupboard and inaccessible to residents. FSM said they will install a cupboard door and lock on the cabinet.

Observation on November 24, 2025, showed a cupboard door was installed and a lock applied to the cabinet doors.

Sources: observations, staff interviews.

Date Remedy Implemented: November 24, 2025.