



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 28, 2017	2017_419658_0010	005019-16, 018801-16, 020242-16, 020337-16, 020343-16, 022110-16, 022915-16, 026982-16, 027840-16, 029424-16, 000100-17, 000189-17, 000856-17, 008269-17	Critical Incident System

Licensee/Titulaire de permis

CVH (No. 5) GP Inc. as general partner of CVH (No. 5) LP
c/o Southbridge Care Homes Inc. 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H
5L8

Long-Term Care Home/Foyer de soins de longue durée

Country Village Homes - Woodslee
440 County Road 8 R. R. #2 Woodslee ON N0R 1V0

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

NEIL KIKUTA (658), ALISON FALKINGHAM (518)

Inspection Summary/Résumé de l'inspection

**The purpose of this inspection was to conduct a Critical Incident System
inspection.**

**This inspection was conducted on the following date(s): June 19, 20, 21, 22, and 23,
2017.**



A Written Notification (WN #2), and Voluntary Plan of Correction (VPC #2) under O. Reg. 79/10, s. 49(2), identified in this inspection will be issued under Complaint Inspection #2017_419658_0009 concurrently inspected during this inspection.
A Written Notification (WN #4) under LTCHA, 2007, c.8, s. 19(1), identified in this inspection will be issued under Complaint Inspection #2017_419658_0009 concurrently inspected during this inspection.
A Written Notification (WN #5) under LTCHA, 2007, c.8, s. 24(1), identified in this inspection will be issued under Complaint Inspection #2017_419658_0009 concurrently inspected during this inspection.

The following intakes were completed within this Critical Incident System (CIS) Report:

Critical Incident Log #026982-16, CIS #2576-000007-14, related to falls prevention and management;
Critical Incident Log #000189-17, CIS #2576-000024-16, related to falls prevention and management;
Critical Incident Log #008269-16, CIS #2576-000006-17, related to falls prevention and management;
Critical Incident Log #000100-17, CIS #2576-000025-16, related to falls prevention and management;
Critical Incident Log #020242-16, CIS #2576-000012-16, related to prevention of abuse and neglect;
Critical Incident Log #020337-16, CIS #2576-000014-16, related to prevention of abuse and neglect;
Critical Incident Log #020343-16, CIS #2576-000013-16, related to prevention of abuse and neglect;
Critical Incident Log #029424-16, CIS #2576-000019-16, related to prevention of abuse and neglect;
Critical Incident Log #027840-16, CIS #2576-000018-16, related to prevention of abuse and neglect;
Critical Incident Log #005019-16, CIS #2576-000011-16, related to prevention of abuse and neglect;
Critical Incident Log #018801-16, CIS #2576-000011-16, related to prevention of abuse and neglect;
Critical Incident Log #022915-16, CIS #2576-000016-16, related to prevention of abuse and neglect and responsive behaviours;
Critical Incident Log #022110-16, CIS #2576-000015-16, related to prevention of



**abuse and neglect and responsive behaviours; and
Critical Incident Log #000856-17, CIS #2576-000001-17, related to
misuse/misappropriation of funds.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Assistant Director of Care, Resident Program Manager, Office Manager, Physiotherapist, Physiotherapist Assistant, Registered Nurses, Registered Practical Nurses, Personal Support Workers, and Recreation staff.

The inspector reviewed clinical records and plans of care for relevant residents, pertinent policies, procedures, and program evaluations, and the staff schedule. Observations were also made of general maintenance, cleanliness, and condition of the home, infection prevention and control practices, provision of care, and staff to resident interactions.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours**

**During the course of this inspection, Non-Compliances were not issued.
0 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

Issued on this 29th day of June, 2017

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.