

**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**

<b>Report Issue Date:</b> April 2, 2025
<b>Inspection Number:</b> 2025-1091-0002
<b>Inspection Type:</b> Proactive Compliance Inspection
<b>Licensee:</b> CVH (No. 5) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)
<b>Long Term Care Home and City:</b> Country Village Homes - Woodslee, South Woodslee

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): March 24- 28, 31, 2025 and April 1-2, 2025</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>Intake: #00142841 - Proactive Compliance Inspection - 2025</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

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

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Staffing, Training and Care Standards  
Residents' Rights and Choices  
Pain 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: O. Reg. 246/22, s. 19**

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

On a certain date the licensee failed to ensure that windows in the activity area, dining room, and in a resident's room that opened to the outdoors and were accessible to residents had screens. A management team member was immediately notified and screens were replaced in said windows the same day.

**Source:** Observations

Date Remedy Implemented: Occurred on a specific date.

### WRITTEN NOTIFICATION: Nursing and Personal Support Services

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

**Non-compliance with: O. Reg. 246/22, s. 35 (4)**

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Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that a written record of the home's 2024 staffing plan evaluation included a summary of changes made and the date those changes were implemented.

**Sources:** Interview with a management team member and review of the home's staffing plan evaluation.

## **WRITTEN NOTIFICATION: Pain Monitoring**

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

**Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.**

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The licensee failed to comply with their pain management program when a resident pain monitoring was not completed.

In accordance with O. Reg. 246/22 s. 11(1)(b), the licensee is required to ensure written policies for the pain management program were complied with.

Specifically, the home's pain management program stated that a pain assessment was to be conducted once

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per shift. The resident's clinical record did not include any evidence nor support that pain assessments were completed during a specific time period and on specific dates.

**Sources:** Progress notes for the resident, clinical documentation for the resident, the home's policy on pain management, interview with a staff member.