

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: February 11, 2026
Inspection Number: 2026-1045-0001
Inspection Type: Critical Incident
Licensee: CVH (NO. 11) 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: Hillside Manor, Stratford

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 28-30, and February 2-4, 10, and 11, 2026.

The inspection occurred offsite on the following date: February 5, 2026.

The following intakes were inspected:

- Intake: #00166220 - Critical Incident (CI) #1975-000019-25 - related to a disease outbreak
- Intake: #00167581 - CI #1975-000002-26 - related to falls prevention and management
- Intake: #00167678 - CI #1975-000004-26 - related to a suspicion of improper/incompetent treatment of a resident

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

- Infection Prevention and Control
- Prevention of Abuse and Neglect

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Reporting and Complaints
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Required programs

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The home's falls prevention and management program required staff to complete an assessment to monitor residents after a fall, however part of the assessment was not completed after a resident had a fall.

Sources: record review of Critical Incident (CI) #1975-000002-26, resident health care records, and the home's falls prevention and management program, and interviews with a resident and staff.

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COMPLIANCE ORDER CO #001 Transferring and positioning techniques

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

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

The licensee shall:

A) Update the home's safe use of transferring devices and techniques policy to specify when an assessment is required to be done and where in the resident's health care record the assessment is to be documented.

B) Update the home's safe use of transferring devices and techniques policy to specify how residents' needs for a transfer device are assessed and how the assessed use of the device is included in residents' plans of care in a place that is accessible to staff.

C) Train a group of staff on the the updates to the home's policy in Parts A and B of this order. Maintain a documented record of when the training was provided and who received the training.

D) Update the home's safe use of transferring devices and techniques policy to specify the actions that are to be taken when there is a transfer device-related injury to a resident.

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Grounds

Staff were not using a safe transferring device or technique when assisting a resident, contributing to an injury for which the resident was taken to the hospital. A similar incident had previously occurred and staff had voiced safety concerns about the continued use of the device, however the resident was not reassessed to ensure the device was safe for the resident.

Sources: observations of a transfer device, record review of Critical Incident (CI) #1975-000002-26, the home's CI investigation notes, a resident's health care records, the home's transfer device and technique policy, other policies, and the transfer device user manual, and interviews with a resident and staff.

This order must be complied with by March 27, 2026

COMPLIANCE ORDER CO #002 Required programs

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

4. A pain management program to identify pain in residents and manage pain.

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

The licensee shall:

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A) Update the home's pain management policy to provide clear direction for the follow-up of pain medication administration.

B) Retrain two staff on the updated policy referenced in Part A of this order, in its entirety, along with all other pain management-related policies and procedures within the home. Maintain a documented record of when the training was provided and who received the training.

C) Retrain two staff and another group of staff on how to identify pain in residents. Maintain a documented record of when the training was provided and who received the training.

Grounds

Staff did not follow the home's pain management program for a resident. A resident sustained an injury, for which they experienced pain. The home's pain management program specified a pain assessment was to be completed when a resident experienced new or worsening pain, or when initial interventions were not effective at managing pain, but this was not completed for a resident. The home's pain management policy stated residents were to be observed for symptoms of pain every shift, for which a resident was not observed for those symptoms for a shift. The home's pain management policy stated the Physician or Nurse Practitioner (NP) were to be notified as soon as reasonably possible if a resident reported sudden onset of new or worsening pain, but they were not notified as soon as reasonably possible when the resident was having new and worsening pain.

Staff did not follow the home's pain management policy, which contributed to delays in identifying the resident's injury and providing appropriate treatment and pain management.

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Sources: record review of Critical Incident (CI) #1975-000002-26, the home's CI investigation notes, a resident's health care records, and the home's pain management program policy, and interviews with a resident and staff.

This order must be complied with by March 27, 2026

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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:

- (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

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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 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:

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