Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: March 26, 2025
Inspection Number: 2025-1351-0002
Inspection Type: Critical Incident Follow up
Licensee: CVH (No. 9) 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: Southbridge Roseview, Thunder Bay

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 24 - 26, 2025.

The following intake(s) were inspected:

- An intake related to a Follow-up #: 1 - FLTCA, 2021 - s. 19 (2) (c), Specific duties re cleanliness and repair.
- An intake related to improper/incompetent care of resident by staff resulting in fall.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2025-1351-0001 related to FLTCA, 2021, s. 19 (2) (c)

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

Resident Care and Support Services

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

A resident required a certain extent of care and fall prevention and management devices to be in place as per their care plan.

On a particular date, a staff member failed to follow the directions as stipulated in a residents plan of care which resulted in the resident being injured from a fall.

Sources: A resident's progress notes, health records and care plan; Interviews with staff; and the Home's internal investigation file.

WRITTEN NOTIFICATION: Required programs

NC #002 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 licensee has failed to comply with the home's falls prevention and management policy related to post fall procedures for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that written policies and protocols were developed for the falls prevention and management program and ensure they were complied with.

Specifically, a staff member did not comply with the licensee's "Falls Prevention and Management Program", when they did not remain with a resident after they have experienced an unwitnessed fall and sustained an injury.

Sources: Policy: "Falls Prevention and Management Program", created August 2024; Interviews with staff; and the Home's internal investigation file.

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