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

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

Public Report

Report Issue Date: August 15, 2025

Inspection Number: 2025-1037-0003

Inspection Type:
Critical Incident

Licensee: CVH (No. 8) 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: Seaforth Long Term Care Home, Seaforth

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: August 6, 7, 8, 11, 12, 13, 14, 15, 2025

The following intakes were inspected:
-Intake: #00151978 - CIS # 1135-000009-25 - related to Prevention of Abuse and Neglect.
-Intake: #00152168 - CIS # 1135-000010-25 - related to Prevention of Abuse and Neglect.
-Intake: #00152678 - CIS # 1135-000013-25 - related to Prevention of Abuse and Neglect.
-Intake: #00153042 - CIS # 1135-000015-25 - related to Prevention of Abuse and Neglect.
-Intake: #00153821 - CIS # 1135-000018-25 - related to Medication Management.

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

Continence Care
Medication Management
Prevention of Abuse and Neglect
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and Wound Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)
(ii) upon any return of the resident from hospital, and

The licensee has failed to ensure that a resident received an assessment upon return from receiving medical treatment.

Review of the resident's clinical records noted that there was no documented assessment upon return from receiving medical treatment. The Director of Care (DOC) acknowledged an assessment should have been completed by staff for the resident.

Sources: Clinical records for the resident, Interviews with DOC and staff.

COMPLIANCE ORDER CO #001 Training

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

Non-compliance with: FLTCA, 2021, s. 82 (2) 10.

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.

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

Specifically, the licensee shall:

1) Complete an audit of all agency registered staff employed at the home to verify completion of mandatory training as required under the Fixing Long-Term Care Act, 2021, section 82(2) (10).

a) The audit will include the following details for each staff member:

-Full name

-Date of hire

-Designated position

-List of required training topics relevant to the individual's role and responsibilities

-Completion dates for each training topic.

b) Any identified training deficiencies will be documented, and affected staff will be provided with the necessary training to meet legislative requirements,

including policies of the licensee, that were relevant to the person's responsibilities, prior to their next shift. A complete record of the audit, including training provided, must be maintained and made readily available to the inspector upon request.

Grounds

The licensee has failed to ensure that no person performed their responsibilities before receiving training in all Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that were relevant to the person's responsibilities.

Training records showed a registered staff did not complete medication management training prior to their first independent shift. A medication error occurred when the registered staff did not follow the home's policies relevant to their responsibilities for medication administration. The medication error required medical treatment for a resident.

Failure to ensure that the registered staff completed the required training, related to their responsibilities specifically to medication management and administration placed the residents at risk of harm.

Sources: CIS, Training records for staff, interviews with DOC.

This order must be complied with by September 24, 2025

COMPLIANCE ORDER CO #002 Administration of drugs

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

Non-compliance with: O. Reg. 246/22, s. 140 (1)

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

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

Specifically, the licensee shall:

1) Resident does not receive any drug unless it is prescribed to the resident.

2) The DOC will complete medication administration audits twice weekly for two weeks, (4 audits total) for a resident being administered a narcotic as part of their ordered medications. Ensure registered staff administering medication complete the correct rights of medication administration as required by the home's expectations/policies.

3) Maintain a written record of the audits, including the name of the resident, the name of the person who completed the audit, date of the audit, any deficiencies noted, and corrective action taken as a result of the deficiencies.

Grounds

The licensee has failed to ensure that no drugs were administered to a resident unless the drug had been prescribed for the resident.

A registered staff failed to complete the correct rights of medication administration for a resident. Registered staff administered resident's medication to another resident. As a result of the resident receiving medication

that was not prescribed to them, they experienced a change in health status, and they required medical treatment.

There was significant risk to the resident, when they experienced a change in health status, as a result of receiving medication that had not been prescribed to them.

Sources: Review of Critical Incident System report (CIS), resident's clinical records, interviews with staff, DOC, and Resident, Medication incident report and investigation notes.

This order must be complied with by September 24, 2025

COMPLIANCE ORDER CO #003 Safe storage of drugs

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(ii) that is secure and locked,

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall ensure that:
RN completes re-education in the safe storage of medications in the home. Ensure that this education is documented with the content of the education, date of the education and who provided the education to the staff member.

Grounds

The licensee has failed to ensure the medication cart was secured and locked

when left unattended.
Inspector observed that a registered staff left the medication cart unlocked and the screen unsupervised when they stepped away to administer medication, on separate occasions.
During an interview with the registered staff, they acknowledged that the medication cart should be locked at all times when stepping away and each time it was left unattended.

Care Rx Medication Pass Policy, last reviewed July 31, 2024. and South Bridge Homes Policy RFC-08-01 last reviewed August 2025 required the home to ensure privacy measures were in place at all times during the medication pass, including medication cart was locked at all times when unattended or out of line of sight.

There was risk to the residents when the medication cart was left unlocked related the accessibility of medications to staff and residents. **Sources:** Observations in the home, review of Care Rx Medication Pass Policy, last reviewed July 31, 2024. and South Bridge Homes Policy RFC-08-01 last reviewed August 2025 and interview with staff.

This order must be complied with by September 24, 2025

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

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

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:

Health Services Appeal and Review Board
Attention Registrar

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.