

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:** November 19, 2025

**Inspection Number:** 2025-1037-0005

**Inspection Type:**  
Proactive Compliance Inspection

**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 date(s): November 10, 12, 13, 14, 17, 18 & 19, 2025

The inspection occurred offsite on the following date(s): November 17, 2025

The following intake(s) were inspected:

-Intake #00161525 - Proactive Compliance Inspection (PCI)

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

Skin and Wound Prevention and Management  
Infection Prevention and Control  
Staffing, Training and Care Standards

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Training

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

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

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:

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1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 28 to make mandatory reports.
5. The protections afforded by section 30.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations.

Two staff members did not complete all orientation training prior to performing their responsibilities in the home.

The Director of Nursing and Personal Care (DOC) confirmed that there were no additional training records to indicate the staff members had completed all orientation training prior to performing their responsibilities.

**Sources:** Employee records and an interview with the DOC.

## **WRITTEN NOTIFICATION: Director of Nursing And Personal Care**

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

### **Non-compliance with: O. Reg. 246/22, s. 250 (3) (a)**

Director of Nursing and Personal Care

s. 250 (3) The licensee shall ensure that everyone hired as a Director of Nursing and Personal Care,

(a) has at least one year of experience working as a registered nurse in the long-term care sector;

The Director of Nursing and Personal Care (DOC) did not have at least one year of experience working as a registered nurse in the long-term care sector, prior to hire.

**Sources:** Interview with the DOC.

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## WRITTEN NOTIFICATION: Director of Nursing and Personal Care

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

### Non-compliance with: O. Reg. 246/22, s. 250 (3) (b)

Director of Nursing and Personal Care

s. 250 (3) The licensee shall ensure that everyone hired as a Director of Nursing and Personal Care,

(b) has at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting; and

The Director of Nursing and Personal Care (DOC) did not have at least three years of experience working as a registered nurse in a managerial or supervisory capacity in a health care setting, prior to hire.

**Sources:** Search of College of Nurses of Ontario website, Interview with the DOC .

## WRITTEN NOTIFICATION: Hiring staff, accepting volunteers

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

### Non-compliance with: O. Reg. 246/22, s. 252 (2) (b)

Hiring staff, accepting volunteers

s. 252 (2) The police record check must be,

(b) conducted within six months before the staff member is hired or the volunteer is accepted by the licensee.

The police record checks for two staff members were not conducted within the six months before hire.

**Sources:** Staff records; interview with the DOC.