Ontario

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

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

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

Public Report

Report Issue Date: December 11, 2025
Inspection Number: 2025-1037-0006
Inspection Type: Complaint 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 date(s): December 1, 2, 3, 4, 5, 8, 2025

The inspection occurred offsite on the following date(s): December 9, 2025

The following intake(s) were inspected:

Intake: #00160455 - CIS# 1135-000022-25 -related to Food, Nutrition and Hydration.
Intake: #00162751 - CIS# 1135-000024-25 -related to Prevention of Abuse and Neglect.
Intake: #00162760 - PC-2025-0005124 -complaint related to Prevention of Abuse and Neglect.

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

Food, Nutrition and Hydration
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to protect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

Ontario Regulation (O. Reg) 246/22 section (s.) 2 defines “sexual abuse” as any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

Record review of a resident indicated that the resident had cognitive impairment. The resident was not protected from abuse from another resident.

Sources: Review of CIS, review of Police documentation, interview with staff, and interview with DOC.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

When an incident of alleged abuse of a resident by another resident that resulted in harm or a risk of harm to the resident occurred, the licensee did not immediately report the suspicion and the information upon which it was based to the Director.

Sources: Review of CIS, interview with PSW.

WRITTEN NOTIFICATION: Responsive behaviours

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.
Responsive behaviours
s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

A resident who demonstrated responsive behaviours, did not have written strategies and interventions, to prevent, minimize or respond to the responsive behaviours. The resident was identified as having responsive behaviours to residents on several occasions. A review of resident's care plan indicated that the resident's history of responsive behaviours and strategies to reduce behaviours were not documented.

Sources: Review of CIS, review of resident's clinical records, review of Zero Tolerance of Resident Abuse, Neglect and Unlawful Conduct Policy, and interview with DOC.

WRITTEN NOTIFICATION: Maintenance services

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (2) (b)
Maintenance services
s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents’ personal aids or equipment;

Review of the home's Preventative Maintenance policy ((MN-01-01); revised May 2025) stated the the Environmental Services (ES) staff were required to conduct routine inspections and maintenance tasks as outlined in the preventative maintenance schedule.

Review of the home's Maintenance Care Task Schedule (Appendix 1 of MN-01-01) stated that eight (8) maintenance tasks under the heading "Monthly - Refrigerators/Freezers-Air Cooled" and four (4) tasks under the heading "Compressor-Air Cooled" were required to be completed.

In an interview with the Executive Director (ED) they stated that the required preventative maintenance tasks for the refrigerators, freezers, and compressors were not implemented in 2025.

Sources: Preventative Maintenance Policy ((MN-01-01); revised May 2025), Maintenance Care Task Schedule (Appendix 1 of MN-01-01), Interview with ED.

WRITTEN NOTIFICATION: Police notification

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 105
Police notification
s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

When an incident of alleged abuse of a resident by another resident that resulted in harm or a risk of harm to the resident occurred, the licensee did not immediately report the suspicion that may have constituted a criminal offence to the Police.

Sources: Review of CIS, review of Zero Tolerance of Resident Abuse, Neglect and Unlawful Conduct Policy No. RFC-02-01 last reviewed August 2025, interview with DOC.

COMPLIANCE ORDER CO #001 Food production

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)
Food production
s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

The inspector is ordering the licensee to comply with a Compliance Order:
The licensee shall:

1. Modify the “Refrigerator/Freezer Temperature Log” to include documentation of the time each temperature is measured and any required follow-up temperatures if the unit rises above four (4) degrees Celsius.
2. Provide training to all foodservice staff members on the required documentation for the “Refrigerator/Freezer Temperature Log” located on all refrigerators and freezers. Keep log of the training including the date of training, name of staff, staff initials.
3. Develop a weekly audit schedule for all the refrigerators and freezers to ensure the home’s “Refrigerator/Freezer Temperature Logs” are completed and take remedial action if required. This audit must be documented and continue until this order is complied by an inspector.

Grounds

Review of the home's Food Temperature - Holding and Distribution and Safety Requirements policy (RFNC-04-01; revised June 2025) stated that the "danger zone" is defined as the temperature between four (4) and sixty (60) degrees Celsius where bacteria can grow rapidly.

On a specific date, the home's walk-in kitchen refrigerator was noted to be within the danger zone. On subsequent checks the temperature further increased into the 'danger zone.' The home was unable to provide written documentation supporting their reported temperatures of the walk-in refrigerator, therefore unable to substantiate that all foods in the food production system were stored and prepared in a manner to prevent risk of contamination and foodborne illness.

Sources:

Interviews with staff, review of Refrigerator Temperature Logs, the home's food service policies "Food Storage Safety" (RFNC-04) and "Food Sample Requirements" (RFNC-04-03).

This order must be complied with by

January 29, 2026

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

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
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
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.