

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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: April 30, 2026

Inspection Number: 2026-1253-0001

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: Shelburne Long Term Care Home, Shelburne

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 21 to 24, and 27 to 30, 2026.

The following intakes were inspected:

- Intake #00169045/CI #2762-000003-26: prevention of abuse and neglect
- Intake #00172065/CI #2762-000010-26: resident care and support services
- Intake #00172085/CI #2762-000011-26: falls prevention and management

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

Resident Care and Support Services
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

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Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

A resident's plan of care did not provide staff with clear direction related to bathing. During the inspection, the home updated the resident's care plan so that it was clear.

Sources: a resident's care plan, the home's bath schedule, and interviews with staff.

Date Remedy Implemented: April 27, 2026.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #002 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.

A resident was supposed to have two staff assist them with getting dressed. On a specific date, this resident was assisted by one staff member to get dressed, resulting in an injury.

Sources: the home's internal interview notes, a resident's clinical health records, and interviews with staff members.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

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On a specific date, a resident sustained an injury. The home's zero tolerance of abuse and neglect policy included this type of injury as a possible sign of physical abuse and outlined a thorough investigation procedure. The home did not complete a thorough investigation, according to their policy.

Source: a resident's progress notes, the home's policy related to zero tolerance for abuse, neglect, and unlawful conduct, and interviews with staff members.

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

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:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

On a specific date, a resident was noted to have an injury related to improper care, and other injuries of unknown origin. The incident was not reported to the Director until one day later.

Sources: a Critical Incident file, a resident's clinical health records, and the home's internal interview notes.

WRITTEN NOTIFICATION: Care conference

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 30 (1) (c)

Care conference

s. 30 (1) Every licensee of a long-term care home shall ensure that,
(c) a record is kept of the date, the participants and the results of the conferences.

The home conducted an annual care conference for a resident on a specific date. The home did not record the date, the participants or the results of the conference.

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Sources: a resident's clinical health records, the home's policy related to resident focused interdisciplinary care conferences, and interviews with staff members.

WRITTEN NOTIFICATION: Falls prevention and management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

A resident was identified as being at risk of falls and had a fall-related intervention in their plan of care. On a specific date, this intervention was not implemented, and the resident had a fall.

Source: a resident's clinical health records, and interviews with staff members.

WRITTEN NOTIFICATION: Skin and wound care

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The home's wound management policy stated registered staff or the wound care lead should promptly assess all residents exhibiting altered skin integrity on initial discovery using a weekly impaired skin assessment tool.

a) On a specific date, a resident developed skin impairments. The home did not

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promptly complete a skin assessment for these skin impairments using the appropriate assessment tool. As a result, key information, such as a description of the skin concerns, was missing from the initial skin assessments.

Sources: a resident's clinical health records, an interview with staff, and the home's policy related to wound management.

b) On a specific date, registered staff identified a skin concern for a specific resident. A skin assessment was not documented in the resident's clinical record.

Source: a resident's progress notes, the home's policy related to wound management, and interviews with staff members.

WRITTEN NOTIFICATION: Skin and wound care

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

a) On a specific date, a resident sustained skin injuries. There were no weekly skin assessments completed, after these skin concerns were identified.

b) On two specific dates, a resident was noted to have skin impairments and injuries. There were instances where weekly skin assessments were not completed, in relation to these skin concerns.

Sources: a resident's clinical health records and an interview with a staff member.

c) A weekly skin assessment was ordered for a resident. On a specific date, the weekly skin assessment that was scheduled was not documented in the resident's clinical record.

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d) A skin concern was identified for a resident. The home did not initiate a weekly skin assessment order. Home staff acknowledged that according to the home's policy on wound management, weekly skin assessments using a clinically appropriate tool should have been completed.

Source: a resident's progress note, the home's policy related to wound management, and interviews with staff members.



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

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