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

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

Public Report

Report Issue Date: September 2, 2025
Inspection Number: 2025-1111-0004
Inspection Type: Critical Incident
Licensee: CVH (NO. 11) 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: The Village Seniors Community, Hanover

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 27-29, 2025 and September 2, 2025.

The following intake(s) were inspected:
Intake: #00150806 - Fall of a resident resulting in an injury

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

Continence Care
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: General Requirements

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NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (2)
General requirements
s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that actions taken with respect to a resident under a program, including interventions were documented.

Source: Observation of the resident; review of the resident's medical records, interview with the resident and staff.

WRITTEN NOTIFICATION: Falls prevention and management

NC #002 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).

The licensee has failed to ensure that strategies to reduce or mitigate falls for a resident were implemented.

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

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complied with.

Source: Observation of the resident; review of the resident's medical records and the home's Falls Management Policy, interview with the resident and staff.