

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: August 11, 2025

Inspection Number: 2025-1703-0004

Inspection Type:

Proactive Compliance Inspection

Licensee: CVH (No. 3) 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: Southbridge Owen Sound, Owen Sound

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 28-31, 2025 and August 1, 5-8, 2025

The inspection occurred offsite on the following date(s): August 7, 11, 2025

The following intake(s) were inspected:

- Intake: #00153524 - Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management
Infection Prevention and Control
Safe and Secure Home

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Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain 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)

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

a) The licensee has failed to ensure that the written record of the home's Quality Program Evaluation for Skin Care 2025 included the dates when changes to the

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programs were made.

On August 8, 2025, the home's Quality Program Evaluation for Skin Care 2025, was updated to include the required information.

Sources: Review of the home's Quality Program Evaluation for Skin Care 2025, and an interviews with the Skin and Wound Lead and DOC.

b) The licensee has failed to ensure that the written record of the home's Quality Program Evaluation for Palliative Care and Pain Management for 2024 included the dates of when changes to the programs were made.

On August 8, 2025, the home's Palliative Care and Pain Management Evaluation for 2024, was updated to include the required information.

Sources: the home's Pain Management program annual evaluations (2024), and an interview with the Director of Care.

Date Remedy Implemented: August 8, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 78 (2) (d)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(d) preparation of all menu items according to the planned menu;

The licensee failed to ensure items on a specific menu were made available to a resident at the time of a meal.

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Menu items listed on a menu were not sent to a unit server for a meal.

At two other mealtimes, it was observed that the items were sent to the unit server for the meal.

Sources: Observations, resident's care plan, menu and interviews with staff.

Date Remedy Implemented: August 8, 2025

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee failed to ensure that the patio gate which lead to the parking lot was kept closed and locked when it was not being supervised by staff.

Sources: Observation; Interviews with staff.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (1)

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Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

A review of the home's air temperature records for July 2025, indicated the temperature was not maintained at a minimum temperature of 22 degrees Celsius in multiple rooms on different days. The recorded temperatures ranged from 19.5 degrees to 21.5 degrees Celsius.

Sources: Air Temperature Records July 2025; Interview with the Environmental Services Manager.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.

The licensee has failed to ensure that the temperature was measured and documented in writing in two resident bedrooms in different parts of the home.

Documentation of the evening and night temperatures taken in July 2025 and at the

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beginning of August 2025 do not state which resident bedrooms the temperatures were taken in.

Sources: Evenings/Nights temperature records; Interview with DOC.

WRITTEN NOTIFICATION: Skin and Wound Care

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

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

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,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

a) The licensee has failed to ensure a resident's pain was managed during a dressing change to their wounds.

During a dressing change on multiple different dates, a resident was assessed with pain. There were no interventions implemented to reduce or relieve the resident's discomfort.

Sources: a resident's clinical records and interviews with staff.

b) The licensee has failed to ensure a resident received immediate treatment and intervention to promote healing to a wound.

The home's policy directed registered staff to initiate a referral to the Wound Care

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Lead when a wound had been assessed as worsening.

A skin assessment to a resident's wound was assessed as deteriorating.

A referral to the home's Skin and Wound Lead was not completed until 11 days later.

Sources: a resident's clinical records and interviews with staff.

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) (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;

The licensee has failed to ensure a resident, who had wounds, received a skin assessment at least weekly.

By not assessing the resident's wounds weekly, it put the resident at risk of potential complications, such as infection.

Sources: a residents clinical records and interviews with RN #115 and the Skin Care Lead.

WRITTEN NOTIFICATION: Food production

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

Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(f) communication to residents and staff of any menu substitutions; and

The licensee failed to ensure residents were informed of a menu change prior to a meal.

Sources: Observations of the meal service and menu boards and interviews with staff members.

WRITTEN NOTIFICATION: Dining and snack service

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee failed to ensure that all food temperatures were taken and documented prior to a meal.

In accordance with O. Reg. 246/22 s. 11 (1) b, the licensee is to record the food temperatures on the Point of Service Temperature Log or electronic equivalent.

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During an observation of a meal service, temperatures were not taken of a food item on two different units.

Sources: Point of Service Temperature Logs, Food Temperature – Holding and Distribution Safety Requirements Policy (revised June 2025), observations and interviews with staff.

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (3) (c)

Medication incidents and adverse drug reactions

s. 147 (3) Every licensee shall ensure that,

(c) a written record is kept of everything provided for in clauses (a) and (b). O. Reg. 66/23, s. 30.

The licensee failed to ensure that a written record was kept of the changes and improvements that were identified in the quarterly review of the homes medication incidents, and when these changes and improvements were implemented.

Sources: Q1 Medication Incident Analysis; Interview with DOC.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. v.

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Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

- 6. A written record of,
 - v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure the homes continuous quality initiative report contained a written record of how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

Sources: CQI Initiative Annual Report; Interview with DOC.