

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 21, 2026

**Inspection Number:** 2026-1703-0002

**Inspection Type:**

Complaint  
Critical Incident

**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): April 7-9, 13,-16, and 21, 2026.

The following intake(s) were inspected:

-Intake: #00167482, Intake: #00170280, and Intake: #00174641, related to allegations of resident abuse.

-Intake: #00168771, related to fall prevention.

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

Skin and Wound Prevention and Management  
Prevention of Abuse and Neglect  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Policy to promote zero tolerance

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

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

Policy to promote zero tolerance

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

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.

A Personal Support Worker (PSW) suspected physical abuse towards a resident. The PSW did not comply with the home's Zero Tolerance of Resident Abuse, Neglect and Unlawful Conduct policy when they did not immediately report their suspicion to the management team or charge nurse.

**Sources:** review of video surveillance, skin and wound assessments, initial pictures of impaired skin integrity, home's investigation notes and interview with the Executive Director.

## 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).

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

The home's falls prevention and management program policy indicated that staff would implement appropriate strategies to reduce the residents' risk of falling, as well as, to optimize functional status and address injury prevention.

A resident had fall prevention interventions in place; however, the intervention was not functioning at the time of the fall.

**Sources:** Resident's care plan, Risk Management, Falls Prevention and Management Program Policy revised February 2025; Interview with an RN.



**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**

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



**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**

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