

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 6, 2025

Inspection Number: 2025-1833-0004

Inspection Type:

Complaint
Critical Incident

Licensee: CVH (No. 2) 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 Goderich, Goderich

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 24-25, and 28-31, 2025

The inspection occurred offsite on the following date(s): August 1, 2025

The following intake(s) were inspected:

- Intake: #00152066 - Complaint related to care.
- Intake: #00154092 - Incompetent care of a resident

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

Skin and Wound Prevention and Management
Reporting and Complaints

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #001 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.

The licensee has failed to ensure that written complaints received by Director of Care on two different occasions regarding inadequate supplies and care concerns related to a resident, which resulted in significant risk were immediately reported to the Director.

Sources: Review of complaint e mails, clinical records for a resident and home's complaint log, interview with DOC, Manager at a Hospital, DOC and a Clinical Consultant.

WRITTEN NOTIFICATION: Dealing with complaints

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (1) 1.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

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1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm including, but not limited to, physical harm, to one or more residents, the investigation shall be commenced immediately.

The licensee failed to investigate a complaint regarding a procedure for a resident that resulted in potential risk of harm. Despite multiple communications from a Manager at a hospital, the home did not acknowledge or respond to the complaint.

The home's complaint log did not document any of these concerns and no investigation was completed.

Sources: Review of complaint e mails, clinical records for a resident, and home's complaint log, Critical incident report, interview with DOC, Manager at a hospital, and the Clinical Consultant.

COMPLIANCE ORDER CO #001 Duty to protect

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1.Ensure all registered staff and nursing managers including the Director of care are

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re educated on policies and procedures related to Resident Admission/Readmission Process as they relate to their role:

- a) expectations related to timely, comprehensive assessments of residents
- b) communication of new orders to staff and
- c) any changes in direction related to the provision of care.

Maintain a record of the following:

- Contents of the education provided
- Date(s) and time(s) the education was held
- Who provided the education
- The names of the staff that completed the training

2.Ensure the Director of care and all nursing managers are re educated on policies and procedures related to the Compliant Reporting, Investigation and Response and maintain a record of the following:

- Contents of the education provided
- Date(s) and time(s) the education was held
- Who provided the education
- The names of the staff that completed the training

3. Develop and implement a written plan to include ongoing auditing of resident records for a month to ensure accuracy, comprehensiveness and completion of Head-to-Toe assessments, weekly skin assessments for all altered skin integrity, TARs, care plans, and appropriate referrals. The plan should include but not be limited to:

- a) The staff member responsible for conducting/overseeing the audits
- b) Audits should include new admission and re-admission records as well as the set number of audits that will be conducted on each unit each month of other resident records
- c) Identification of any deficiencies

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d) Corrective action implemented and documented

e) The date of the corrective action documented

The records of auditing should be maintained onsite at the home.

4. Conduct audits of the admission/ readmission process, including but not limited to the process of readmission and documentation. Complete four monthly audits of each home area for a period of a months from the time the report is issued, to ensure that admission / re-admission processes and policies are followed.

5. Maintain a written record of the completed audits, including but not limited to: date and time audits were conducted, resident name, staff name(s), and any corrective action taken in response to the audit.

Grounds

The licensee has failed to protect a resident from neglect.

In accordance with O. Reg. 246/22 s. 7, "neglect" means the failure to provide a resident with the treatment, care, services, or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

Written complaints from a hospital regarding inadequate supplies and care were sent to the Director of Care, posing significant risk to the resident.

The resident was discharged back to the Home with specific discharge instructions.

According to the Home's re-admission protocol, staff were required to complete a head-to-toe assessment within 24 hours, monitor vital signs, and document

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progress notes every shift for 72 hours; however, the home did not follow its readmission protocol.

Although an assessment was completed, did not include specific relevant information. No photos were taken, and documentation was missing for evening and night shifts. The treatment record was not updated, and no assessment of a specified area occurred for two days.

An RN reported that they did not follow the discharge instructions for the resident due to lack of appropriate supplies, failing to assess, document, notify management, or seek additional supplies, despite recognizing infection risk.

A photo later revealed that the specified area had worsened. The physician confirmed they were unaware of the condition or the incorrect treatment that was applied as a result.

Despite two emails and two voicemails from a Manager at a hospital, the Home did not respond.

The failure to follow protocol, combined with poor communication and lack of timely assessment and documentation, led to deterioration of a specified area.

Sources: Re-admission checklist tool, clinical record review, complaint, interview with a Manager, RN/Skin and Wound Nurse, primary physician.

This order must be complied with by October 27, 2025

This compliance order is also considered a written notification and is being referred to the Director for further action by the Director.

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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

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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:

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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.