

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: November 24, 2025

Inspection Number: 2025-1833-0007

Inspection Type:

Complaint
Critical Incident
Follow up

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): November 10, 12, 13, 18-21, and 24, 2025

The following intake(s) were inspected:

- Intake: #00154702, related to Follow-up CO #01, FLTCA 2021 s. 24 (1), duty to protect.
- Intake: #00157021, related to Follow-up CO #02, O. Reg. 246/22 - s. 35 (3) (d), personal support services.
- Intake: #00157022, related to Follow-up CO #01, FLTCA, 2021 - s. 24 (1), duty to protect.
- Intake: #00157023, related to Follow-up CO #03, FLTCA, 2021 - s. 25 (1), policy to promote zero tolerance.
- Intake: #00160271, related to reporting and complaints.
- Intake: #00160514, related to falls prevention management.
- Intake: #00163275, related to duty to protect.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2025-1833-0004 related to FLTCA, 2021, s. 24 (1)

Order #002 from Inspection #2025-1833-0005 related to O. Reg. 246/22, s. 35 (3) (d)

Order #001 from Inspection #2025-1833-0005 related to FLTCA, 2021, s. 24 (1)

Order #003 from Inspection #2025-1833-0005 related to FLTCA, 2021, s. 25 (1)

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

- Resident Care and Support Services
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Reporting and Complaints
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 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.

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The care set out in the plan of care for a resident was not completed as specified when several staff members documented an intervention was in place when it was not in place.

Sources: a resident's plan of care, observations, interview with an PRN, a PSW and a Falls Lead.

WRITTEN NOTIFICATION: Responsive Behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (1) 1.

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.

A resident was expressing new responsive behaviours and no reassessment for these new responsive behaviours was completed to identify the contributing factors.

Sources: a resident's clinical records, the home's Responsive Behaviours Policy (Last reviewed August 2025), interviews with a resident, resident's family member, a Registered Nurse, the Food Services Manager, the Director of Care and the Executive Director.

WRITTEN NOTIFICATION: Reporting and Complaints

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NC #003 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:

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.

A complaint was made to a Registered Nurse concerning a resident's care. The complaint was not resolved and a response was not provided to the complainant within 10 business days of the receipt of the complaint.

Sources: a resident's clinical records, home's Complaint Form, interviews with the complainant and the Director of Care.