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:** January 15, 2026

**Inspection Number:** 2026-1833-0001

**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 dates: January 6-9, 12-14, 2026.
The inspection occurred offsite on the following dates: January 9, 12, and 15, 2026.

The following intakes were inspected:
-Intake #00157020 - follow up related to O. Reg. 246/22 s. 23.1 (3), CDD November 27, 2025
-Intake #00162214 and intake #00164068 - related to infection prevention and control
-Intake #00162592 and #00167033 - complaints related to missing resident items and falls prevention and management
-Intake #00164868 and intake #00164879 - improper care of a resident
-Intake #00166964 and intake #00167445 - related to alleged resident-to-resident abuse

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #004 from Inspection #2025-1833-0005 related to O. Reg. 246/22, s. 23.1 (3) 1.

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

Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints
Falls Prevention and Management

# INSPECTION RESULTS

## 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) 2.**
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:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

On a specific date, an allegation of sexual touching of a resident towards another resident was reported to staff and documented in the resident's records.

The alleged incident was not immediately reported to the Director.

Sources: progress notes, Incident Investigation form, and discussion with the Executive Director, Corporate Consultant, and Director of Clinical Services.

## WRITTEN NOTIFICATION: Skin and wound care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 55 (1) 3.**
Skin and wound care
s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:
3. Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.

A resident was to be put back to bed after meals related to their altered skin integrity. On a specific date, staff did not put the resident back to bed after a meal, as directed.

Sources: a resident's clinical record review, and interviews with the Director of Quality and Risk Management and a Registered Nurse.

## WRITTEN NOTIFICATION: Infection Prevention and Control

## Program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

A) On two separate dates, Personal Support Workers (PSWs) did not wear a gown while assisting residents with their direct cares. Contact precaution signage was in place for both residents, which included staff application of a gown for direct care.

Sources: observations, review of resident clinical records, and interviews with PSW staff, and the home's Infection Prevention and Control (IPAC) Lead.

B) On a specific date, two staff members did not follow routine practices by conducting hand hygiene after handling soiled dishes and before assisting residents to eat.

Sources: inspector observations and interviews with staff.

## COMPLIANCE ORDER CO #001 Duty to protect

NC #004 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 prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 24 (1) [FLTCA, 2021, s. 155 (1) (b)]:**
The plan must include but is not limited to: The licensee shall prepare, submit and implement a plan to ensure staff are following the Fixing Long Term Care Act, 2021, s. 24, Duty to Protect.

The plan must include:
A) A written process outlining steps to review admission applicant information. These steps should include intervention planning that protect co residents and staff and making staff aware of any potential high-risk behaviors e.g., history of sexual behaviours towards others as identified in the application, prior to a resident's admission to the home.
B) Provide education on this process to all staff that complete a review of potential applicants to the home.
C) Document the education provided, including who will be responsible for the education, who received the education, and when it was completed. Maintain this documentation in the home.
D) Document actions to address sustainability once the home has been successful in ensuring compliance with this policy.

The home was required to submit the written plan for achieving compliance for this inspection by January 30, 2026.

**Grounds**

A resident was not protected from abuse by two co residents in two separate incidents.

Ontario Regulation 246/22 s. 2(b) defines sexual abuse as: any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

A) A resident was assessed to lack capability to consent or be involved in a relationship. A co resident was observed in their room exhibiting responsive behaviours. An admission note documented the co resident had a known history of this responsive behaviour. The co resident's plan of care at admission did not include interventions to prevent negative interactions with other residents.

Sources: admission application, resident clinical health records, and interviews with the residents, Director of Clinical Services, Social Worker and staff.

B) A co resident was observed in the residents room exhibiting responsive behaviours. The co resident had a history of this type of responsive behaviour and initially had been treated with medication for this. After the medication was deprescribed, staff reported an increase in the responsive behaviours. Medications to manage responsive behaviours were reinstituted after this incident.

Sources: resident clinical health records, and interviews with the residents, Director of Clinical Services, and staff.

**This order must be complied with by** February 16, 2026

**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

## NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
**Notice of Administrative Monetary Penalty AMP #001**
**Related to Compliance Order CO #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $11000.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

**Compliance History:**

FLTCA, 2021, s. 24 (1)

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the

licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

## 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

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:

**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.