

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 25, 2020	2020_533115_0012	006269-20, 010654-20	Complaint

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**Licensee/Titulaire de permis**

CVH (No. 5) LP by its general partners, Southbridge Health Care GP Inc. and Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Care Homes Inc.)

766 Hespeler Road, Suite 301 c/o Southbridge Care Homes CAMBRIDGE ON N3H 5L8

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**Long-Term Care Home/Foyer de soins de longue durée**

Country Village Homes - Woodslee

440 County Road 8, R.R. #2 Woodslee ON N0R 1V0

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

TERRI DALY (115), DEBRA CHURCHER (670)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): June 10-12, 15-18 and 22, 2020.**

**The following Complaint intakes were completed within this inspection:  
Complaint IL-78544-LO / Log #010654-20 related to alleged abuse and neglect, skin and wound care, pain control, infection prevention and control.  
Complaint IL-76295-LO / Log #006269-20 related to infection prevention and control.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, four Registered Nurses, two Registered Practical Nurses, two Personal Support Workers, one Housekeeping Aide and residents.**

**During the course of the inspection, the inspector(s) reviewed the home's infection control records, observed staff to resident interactions and the provision of care, completed relevant clinical record review for identified residents.**

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

**Falls Prevention  
Infection Prevention and Control  
Pain  
Personal Support Services  
Skin and Wound Care**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)  
1 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (5) The licensee shall ensure that on every shift,  
(b) the symptoms are recorded and that immediate action is taken as required. O.  
Reg. 79/10, s. 229 (5).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that on every shift, resident #003, #004 and #005 had their symptoms recorded.

Review of residents #003, #004 and #005's clinical records and the homes 24 hour surveillance form showed that each of these residents began experiencing a symptom on a specific date. The Inspector was unable to locate documentation related to these residents symptoms for certain shifts during a specific time period.

During an interview with Registered Nurse (RN) #109 they stated that any residents with symptoms of infection were assessed and monitored every shift and this should be documented in Point Click Care (PCC) and on the 24 hour surveillance sheet. Stated that they receive report at the beginning of their shift and have never had concerns that assessments or monitoring were not completed as the previous shift had always been able to provide information regarding the assessments and monitoring that were completed.

During an interview with the Director of Care (DOC) they were certain that resident #003, #004 and #005 had been assessed and monitored every shift and acknowledged that the documentation related to the every shift assessments and monitoring of resident #003, #004 and #005 had not been completed and should have been.

The licensee has failed to ensure that on every shift, the symptoms were recorded and that immediate action is taken as required. [s. 229. (5) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that on every shift when symptoms are present indicating an infection in residents, (b) the symptoms are recorded and that immediate action is taken as required, to be implemented voluntarily.***

**Issued on this 30th day of June, 2020**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**