

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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<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>
Oct 13, 2021	2021_607523_0026	010533-21, 010663- 21, 010679-21	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 South Woodslee ON N0R 1V0

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

ALI NASSER (523), ANGELA FINLAY (705243)

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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): October 6 and 7, 2021.**

**This inspection was completed for complaints related to maintenance services, availability of supplies, staffing shortages and resident care concerns.**

**This inspection was completed concurrently with CIS inspection related to falls and medication administration.**

**Inspector Stephanie Morrison (#691935) was present during this inspection**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Environmental Services Manager (ESM), Ward Clerk, Personal Support Workers (PSWs), Registered staff members and residents.**

**The inspector(s) also toured the home, observed residents and care provided to them, reviewed clinical records, incident reports, investigation notes and reviewed specific policies and procedures of the home.**

**The following Inspection Protocols were used during this inspection:**  
**Hospitalization and Change in Condition**  
**Infection Prevention and Control**  
**Safe and Secure Home**  
**Sufficient Staffing**

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

**2 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. 31. Nursing and personal support services**

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

**s. 31. (3) The staffing plan must,**

**(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**

**(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**

**(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**

**(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**

**(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

### **Findings/Faits saillants :**

1. The licensee has failed to ensure that the staffing plan was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

The Ministry of Long-Term Care received a complaint related to sufficient staffing.

In an interview the DOC said the home did not complete an evaluation of the staffing plan for the specific year. The home was working on completing the evaluation of the staffing plan.

Resources: Staff interview. [s. 31. (3)]

***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 the staffing plan is evaluated and updated at least annually in accordance with evidence-based practices and, if there was none, in accordance with prevailing practices, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

- s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
  - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure the plan of care for a specific resident had been revised when the resident's care needs changed and care set out in the plan was no longer necessary.

Clinical record review for the resident showed they had a specific need that was resolved.

During interviews with the resident and multiple staff members, they all stated the resident's need was changed. The staff acknowledged the care plan should have been updated.

Sources: Resident's clinical record and interview with the resident and staff. [s. 6. (10) (b)]

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**Issued on this 14th day of October, 2021**

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

**Original report signed by the inspector.**