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

London District
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Public Report

Report Issue Date: March 5, 2026
Inspection Number: 2026-1091-0002
Inspection Type: Complaint Critical Incident
Licensee: CVH (No. 5) 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: Country Village Homes - Woodslee, South Woodslee

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 2, 3, 4, 2026.

The following intake(s) were inspected:
- Intake: #00169521-Complainant regarding the cleanliness of the kitchen.
- Intake: #00169628 -Resident fall.

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

Housekeeping, Laundry and Maintenance Services
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The walk-in fridge was observed to have had areas that were not kept clean. Staff confirmed during interviews that they had addressed those areas of concern. An additional observation noted the cleaning had been completed.

Sources: staff interviews, and multiple observations of the kitchen.
Date Remedy Implemented: March 3, 2026

WRITTEN NOTIFICATION: Fall prevention and management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (a)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;

The interventions listed on the critical incident report were not included in the resident's plan of care, nor were they observed during observations of the resident. The staff confirmed that these interventions should have been documented in resident's plan of care.

Sources: resident clinical record, interviews with staff.

WRITTEN NOTIFICATION: Skin and wound care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure

injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

During an interview with staff it was confirmed that the resident should have had a skin assessment done, however they did not.

Sources: resident's clinical record, and interviews with the staff.