

**Ministry of Long-Term Care**

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

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** June 25, 2025

**Inspection Number:** 2025-1134-0004

**Inspection Type:**

Critical Incident

**Licensee:** CVH (NO. 11) 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:** Fosterbrooke, Newcastle

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 18, 19, 20, 23, 24, 25, 2025

The following intake(s) were inspected:

- Intake: #00137888 - IL-0136128-AH/Critical Incident Report (CIR) #2625-000002-25 - Environmental hazard - flood causing evacuation
- Intake: #00138613 - CIR # 2625-000003-25- ARI Unknown Outbreak (Facility)
- Intake: #00141977 - CIR #2625-000005-25 - Fall of resident with injury

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

Safe and Secure Home  
Infection Prevention and Control  
Falls Prevention and Management

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (4) (a)**

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee failed to collaborate with hospital care providers when a resident was discharged from hospital on a specific date following an admission for investigation of a medical condition and a discharge summary was not requested or accessed by registered staff.

**Sources:** CIR # 2625-000005-25 , resident #001 clinical record, the home's Post Fall Management Education, interview with ADOC #104

## WRITTEN NOTIFICATION: Required programs

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

**Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.**

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee failed to comply with the home's Fall Prevention and Injury Reduction Program when a resident returned from hospital on a specific date and did not

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have a Fall Risk Screen and an Environmental Fall Prevention Scan completed.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed specifically the Falls Prevention and Injury Reduction Policy - Return from Hospitalization, were complied with.

A resident did not have an Environmental Fall Prevention Screen and a Fall Risk Screen completed upon return from hospitalization on a specific date as required in the Fall Prevention and Injury Reduction Policy - Return from Hospitalization.

**Sources:** Critical Incident Report (CIR) # 2625-000005-25 , resident #001's clinical record, home's Fall Prevention and Injury Reduction Program – Return from Hospitalization CARES-010.02, interview with ADOC #104

## **WRITTEN NOTIFICATION: Minimizing of restraining**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 118 (e)**

Policy to minimize restraining of residents, etc.

s. 118. Every licensee of a long-term care home shall ensure that the home's written policy under section 33 of the Act deals with,

(e) how consent to the use of physical devices as set out in section 35 of the Act and the use of PASDs as set out in section 36 of the Act is to be obtained and documented;

The licensee failed to ensure that a signed consent was obtained from a resident or their power of attorney (POA) for the use of a personal assistive service device.

**Sources:** review of resident #001's clinical record, home's Resident Safety Policy –

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Personal Assistive Service Device (PASD), CARES 10-010-03 flow chart, interviews  
with resident #001 and ADOC #104

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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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