

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

**North District**  
159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**Amended Public Report (A2)**

<b>Report Issue Date:</b> March 17, 2023	
<b>Inspection Number:</b> 2023-1351-0005	
<b>Inspection Type:</b> Follow up	
<b>Licensee:</b> CVH (No. 9) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)	
<b>Long Term Care Home and City:</b> Southbridge Roseview, Thunder Bay	
<b>Lead Inspector</b> Shannon Russell (692)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Tracy Muchmaker (690)	

**AMENDED INSPECTION REPORT SUMMARY**

This public inspection report was amended to correct an administrative error, which resulted in a re-inspection fee being incorrectly issued to the Licensee in the original report.

**INSPECTION SUMMARY**

The inspection occurred on the following date(s): February 28 and March 1-2, 2023.

The following intake(s) were inspected:

- One intake for follow up for CO #001 from inspection #2022\_1351\_0001, related to O.Reg. 246/22, s. 272 whereby the home was not following Directive #3 and #5, had not implemented a COVID-19 plan and Personal Protective Equipment (PPE);
- One intake for follow up for CO #002 from inspection #2022\_1351\_0001, related to O.Reg. 246/22, s. 55 (2) (b) whereby the home was not completing weekly wound care assessments;
- One intake for follow up for compliance order (CO) #003 from inspection #2022\_1351\_0001, related to Ontario Regulations (O.Reg.) 246/22, s. 102 (2) (b) whereby the home did not follow the Infection Prevention and Control (IPAC) Standard and their own hand hygiene program, and;
- One intake for follow up for CO #004 from inspection #2022-1315\_0001, related to Fixing Long-Term Care Act (FLTCA), 2021, s. 6 (7) whereby one to one monitoring was not provided to residents as indicated in their plan of care.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2022-1351-0001 related to O.Reg. 246/22, s. 272 inspected by Tracy Muchmaker (690)

Order #002 from Inspection #2022-1351-0001 related to O.Reg. 246/22, s. 55 (2) (b) inspected by Shannon Russell (692)

Order #003 from Inspection #2022-1351-0001 related to O.Reg. 246/22, s. 102 (2) (b) inspected by Tracy Muchmaker (690)

Order #004 from Inspection #2022-1351-0001 related to FLTCA, 2021, s. 6 (7) inspected by Shannon Russell (692)

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Infection Prevention and Control

## INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were no findings of non-compliance.