

**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

**Public Report****Report Issue Date:** April 30, 2025**Inspection Number:** 2025-1351-0003**Inspection Type:**

Critical Incident

**Licensee:** CVH (No. 9) 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:** Southbridge Roseview, Thunder Bay**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): April 29, 30, 2025

The following intake(s) were inspected:

- An intake related to a fall of a resident
- An intake related to a fall of a resident

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

Falls Prevention and Management

**INSPECTION RESULTS****WRITTEN NOTIFICATION: Duty of licensee to comply with plan**

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

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

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s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that an intervention identified in a resident's plan of care was provided to the resident as set out in the plan of care.

**Sources:** Observations of a resident; A review of a resident's current care plan at the time of the inspection; and an interview with an RN.

## **WRITTEN NOTIFICATION: Falls prevention and management**

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

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to comply with the home's falls prevention and management policy related to completion of a fall risk assessment after a resident falls, included in the required falls prevention and management program in the home, for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee is required to ensure that the written policies and protocols were developed for the falls prevention and management program and ensure they were complied with.

Specifically, the licensee failed to ensure that a resident had a fall assessment completed after the resident had a fall on a specified date.

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**Sources:** Review of fall risk assessments for a resident; and a review of the home's policy titled, Falls Prevention and Management Program, (RFC-07-01) created August 2024.

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