

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: July 17, 2025

Inspection Number: 2025-1208-0004

Inspection Type:

Proactive Compliance Inspection

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: Sara Vista, Elmvale

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: July 7-11, 14-17, 2025.

The following intake was inspected:

- Intake: #00151536 - Proactive Compliance Inspection.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement

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Residents' Rights and Choices
Pain 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: O. Reg. 246/22, s. 34 (1) 1.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

The licensee failed to ensure that their Pain Management Program included protocols for the referral of residents to specialized resources where required.

The home implemented a new policy and procedure that included a protocol for referring residents to specialized resources.

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Sources: The home's Pain Assessment and Management Policy (CARE8-O10.01) and Pain Management Program (August 2024); Interview with the Executive Director (ED) and other staff.

Date Remedy Implemented: July 15, 2025

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 18.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

18. Every resident has the right to be afforded privacy in treatment and in caring for their personal needs.

The licensee failed to ensure that a resident's right to be afforded privacy in treatment and in caring for their personal needs was fully respected and promoted, when staff did not draw their privacy curtains.

Sources: Interviews with a resident, and the Director of Care (DOC).

WRITTEN NOTIFICATION: Integration of assessments, care

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

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

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different

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aspects of care of the resident collaborate with each other,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee failed to ensure that the staff and others involved in the different aspects of care of a resident, collaborated with each other in the development and implementation of their plan of care, specific to a nutritional intervention.

Sources: Observations; Resident's plan of care; Interviews with the DOC and other staff.

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Plan of care

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 the care set out in the plan of care was provided to a resident as specified in their plan, when they did not receive their preferred dessert.

Sources: Observations; Resident's plan of care; Interview with a Personal Support Worker (PSW).

WRITTEN NOTIFICATION: Duty to protect

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee failed to protect a resident from abuse.

Sources: Resident's clinical health records, Employee records; Interviews with the resident's Substitute Decision-Maker (SDM), and the DOC.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee failed to ensure that the staff who were aware of resident abuse, immediately informed the Ministry of Long-Term Care (MLTC) Director of the abuse.

Sources: Resident's clinical health records, Employee records; Interviews with the resident's SDM, and the DOC.

WRITTEN NOTIFICATION: Cooling requirements

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NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 23 (2) (e)

Cooling requirements

s. 23 (2) The heat related illness prevention and management plan must, at a minimum,

(e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate. O. Reg. 246/22, s. 23 (2); O. Reg. 66/23, s. 3 (1).

The licensee failed to ensure that their Heat-Related Illness (HRI) prevention and management plan included a protocol for appropriately communicating the HRI prevention and management plan to residents, volunteers, SDMs, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate.

The home's HRI Prevention and Management Plan did not include a protocol for communicating the plan to all those required.

Sources: The home's HRI Prevention Management Plan including Appendix 1 and 2; Interview with the ED.

WRITTEN NOTIFICATION: Air temperature

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (4)

Air temperature

s. 24 (4) In addition to the requirements in subsection (2), the licensee shall ensure that, for every resident bedroom in which air conditioning is not installed,

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operational and in good working order, the temperature is measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m. on,
(a) every day during the period of May 15 to September 15; and
(b) every other day during which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day.

The licensee failed to ensure that, for a resident bedroom in which air conditioning was not operational, the temperature was measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m. on, every day during the period of May 15 to September 15; and every other day during which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day.

Sources: Observation; Air Temperature Records; Interview with the Environmental Services Manager (ESM) and other staff.

WRITTEN NOTIFICATION: Pain management

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

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:

4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The licensee failed to ensure that their pain management program to identify and

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manage pain in residents, was complied with for a resident.

Sources: Resident's clinical health records, the home's Pain Assessment and Management Policy (CARE8-010.01); Interview with a Registered Practical Nurse (RPN).

WRITTEN NOTIFICATION: Menu planning

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (3)

Menu planning

s. 77 (3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented. O. Reg. 246/22, s. 390 (1).

The licensee failed to keep a written record of the menu evaluation that included the date that the menu changes were implemented.

Sources: Permanent Menu Change Form, Summer Menu Cycle 2025; Interview with the Food Service Manager (FSM).

WRITTEN NOTIFICATION: Food production

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 78 (2) (b)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(b) a three-day supply of nutritional supplements, enteral or parenteral formulas as

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applicable;

The licensee failed to ensure the home's organized food production system provided, at a minimum, a three-day supply of nutritional supplements, enteral or parenteral formulas.

A resident did not receive a specific type of nutritional supplement, because there were none available in the home.

Sources: Observations; Resident's plan of care; Interview with the FSM and other staff.

WRITTEN NOTIFICATION: Dining and snack service

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

The licensee failed to provide a resident with an assistive device they required, to safely eat and drink as comfortably and independently as possible.

Sources: Observation; Resident's dietary plan of care; Interview with the FSM and other staff.