

**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:** July 14, 2025

**Inspection Number:** 2025-1445-0003

**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 Pinewood, Thunder Bay

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 8, 10, 11, 14, 2025

The following intake(s) were inspected:

- An intake related to an allegation of emotional abuse of a resident by a resident.
- An intake related to a fall of a resident resulting in injury.
- An intake related to an Enteric Outbreak.
- An intake related to an allegation of improper/incompetent care of a resident by a staff member.
- An intake related to an allegation of physical abuse of a resident by a resident.

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

Resident Care and Support Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect

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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: O. Reg. 246/22, s. 272**

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee failed to ensure that all recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act were followed in the home.

Specifically, *Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings* requires that Alcohol Based Hand Rub (ABHR) in use within the home must not be expired. Expired ABHR was observed in the foyer and main entrance to the home.

Further observations on the same day confirmed that the expired ABHR had been

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replaced by product within its expiration date.

**Sources:** Observations in the home.

Date Remedy Implemented: July 8, 2025

**WRITTEN NOTIFICATION: When reassessment, revision is required**

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

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that a resident's care needs had been reassessed and the plan of care reviewed when a resident's care needs changed.

**Sources:** Observations of a resident; a Review of a resident's current care plan; and Interviews with a Personal Support Worker (PSW) and the home's Administrator.

**WRITTEN NOTIFICATION: Transferring and positioning techniques**

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

**Non-compliance with: O. Reg. 246/22, s. 40**

Transferring and positioning techniques

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s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee failed to ensure that a PSW used safe transferring techniques they assisted a resident with a transfer.

**Sources:** Review of progress notes for a resident; Review of Critical Incident (CI) Report; and Interviews with the Director of Nursing Care (DOC) and a Registered Practical Nurse (RPN).

## WRITTEN NOTIFICATION: Emergency plans

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

**Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. iv.**

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,  
iv. violent outbursts,

The licensee failed to ensure that their emergency plans for a violent outburst were implemented by staff on a specified date.

In accordance with O. Reg 246/22 s. 11. (1) (b) the licensee was required to have and institute a plan for dealing with violent outbursts and to ensure the plan is complied.

Specifically, staff did not comply with the home's Code White Policy by initiating a Code White on a specified date.

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**Sources:** Review of Southbridge Healthcare LP Code White Violent Situation policy included within the home's CI Internal Investigation; and Interview with the DOC.

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

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