

**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:** February 20, 2025

**Inspection Number:** 2025-1703-0001

**Inspection Type:**

Complaint  
Critical Incident  
Follow up

**Licensee:** CVH (No. 3) 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 Owen Sound, Owen Sound

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): February 4-7, and 11-14, 2025.

The inspection occurred offsite on the following date(s): February 18, 2025.

The following intake(s) were inspected:

- Intake: #00132612 -Follow-up #: 1 - O. Reg. 246/22 - s. 58 (4) (b) Responsive Behaviour Compliance Order (CO) #002 inspection #2024-1703-0004, CDD January 23, 2025.
- Intake: #00132613 -Follow-up #: 1 - FLTCA, 2021 - s. 25 (2) (e) -Policy to promote zero tolerance CO (HP) #001 inspection #2024-1703-0004, CDD January 23, 2025.
- Intake: #00133548 -Critical Incident (CI) #3061-000071-24-related to care and air temperature concerns.
- Intake: #00133714 -CI #3061-000073-24 - related to a missing resident.
- Intake: #00133744 -CI #3061-000075-24 - related to an allegation of resident abuse.
- Intake: #00134245 -related to care and dietary concerns for a resident.

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- Intake: #00136423 -CI #3061-000001-25 - related to fall prevention.

## Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2024-1703-0004 related to O. Reg. 246/22, s. 58 (4) (b)

Order #001 from Inspection #2024-1703-0004 related to FLTCA, 2021, s. 25 (2) (e)

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

Resident Care and Support Services  
Food, Nutrition and Hydration  
Infection Prevention and Control  
Safe and Secure Home  
Responsive Behaviours  
Prevention of Abuse and Neglect  
Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

NC #001 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 has failed to ensure that the fall interventions, set out in the plan of care was provided to a resident, when their bed alarm did not activate and fell sustaining injuries.

**Sources:** review of a resident's care plan, and interviews with Personal Support Worker (PSW) and the home's Falls Lead [000865]

### 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 has failed to ensure that the falls prevention and management program to reduce the incidence of falls and the risk of injury was complied with.

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

Specifically, the home's "Falls Prevention and Management Program" indicated that staff should ensure that the call bell was within the resident's reach at all times.

During the inspection a resident was observed sitting in a wheelchair in their room and the call bell was on floor and not within reach.

**Sources:** review of a resident's clinical record, the home's "Falls Prevention and Management Program" dated August 2024, and interviews with Falls Lead.  
[000865]

## WRITTEN NOTIFICATION: Responsive behaviours

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

**Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)**

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee has failed to ensure that appropriate strategies were implemented for a resident, who exhibited responsive behaviors. The Care Plan indicated that no strategies were implemented after expressions of risk were present and how to prevent these risks.

**Sources:** review of a resident's clinical record; observations of main door; and

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interviews with an RN, PSW, Director of Life Enrichment, and Director of Care.  
[000865]

## **WRITTEN NOTIFICATION: Maintenance services**

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

**Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)**

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,  
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

The licensee has not ensured that the Long-Term Care Home (LTCH) had a written procedure for the remedial maintenance of bed alarms, chair alarms, and similar devices as part of the maintenance services program. The home's Executive Director stated that staff can notify PSW Education Coordinator verbally or via email when something is not working. However, there is no written procedure in place for staff to follow to keep track of maintenance issues addressed by the PSW Education Coordinator.

**Sources:** Interviews with PSW Education Coordinator, an RN, and Executive Director.  
[000865]

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**COMPLIANCE ORDER CO #001 Nutritional care and hydration  
programs**

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 74 (2) (d)**

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

**The inspector is ordering the licensee to comply with a Compliance Order**

The licensee shall:

1. Re-educate all night shift Registered Practical Nurses (RPN) and Registered Nurses (RN) on the registered nursing's responsibilities related to accessing and updating hydration trackers, and the home's Monitoring Food and Fluid Intake policy.
2. Maintain a written record of the training provided, the date of retraining, name of staff attending with signature of the staff indicating understanding of retraining received and the staff providing the education.
3. For a period of four weeks following the service of this report, complete and maintain a record of daily audits to ensure that staff are following the home's Monitoring Food and Fluid Intake policy for a resident. The audits will include the date, name and designation of staff being audited, whether the daily fluid goal was met, and what action the staff took if gaps were identified.

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**Grounds**

The licensee failed to comply with the home's Monitoring Food and Fluid Intake policy when they failed to ensure a resident's fluid intake was evaluated and additional interventions implemented after the resident did not meet their fluid goals for seven out of nine days.

Specifically, the home's policy stated to implement the home's Fluid Watch standing operating procedure (SOP) if residents' have not met their individual fluid goals for three consecutive days. The Fluid Watch SOP included adding a task to add an additional 125 milliliters (ml) of fluids that shift and to complete a dietitian referral stating fluid watch was initiated.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that there is a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

**Rationale and Summary**

A resident was assessed to be at high nutritional risk. For a nine day period a resident did not meet their fluid goals for seven out of the nine days. The resident was transferred to the hospital where they were admitted.

An RN confirmed the home failed to initiate a fluid watch SOP, add a task of additional fluids, complete a hydration assessment and complete a referral to the dietitian.

When the home failed to follow their monitoring of food and fluid policy and evaluate the resident's daily fluid intake, and they were at high nutritional risk, the resident was negatively impacted when they were admitted to the hospital and returned to the home with a change in health status.

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**Source:** Clinical records for a resident, hospital palliative consult notes, Monitoring of Food and Fluid Policy RFC-10-01 created date August 2024, and interview with the homes Dietitian and an RN.

[000872]

**This order must be complied with by** March 28, 2025

## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:



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**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of

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appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).