

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

Ottawa District  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

Report Issue Date: May 22, 2024	
Inspection Number: 2024-1035-0002	
Inspection Type: Critical Incident Follow up	
Licensee: CVH (No. 6) 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 Cornwall, Cornwall	
Lead Inspector Julienne NgoNloga (502)	Inspector Digital Signature
Additional Inspector(s) Kelly Boisclair-Buffam (000724)	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 11, 12, 15, 16, 17, 18, 2024

The following intake(s) were inspected:

- Intake: #00110052 related to plan of care
- Intake: #00110053 related to prevention of abuse
- Intake: #00111984 related to weight changes

Critical Incident System

- Intake: #00110078 (3063-000023-24) related nutrition of a resident.
- Intake: #00111033 (3063-000024-24) related to alleged resident to resident abuse.

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- Intake: #00113067 (3063-000034-24) related to fall of resident resulting in injury.

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2023-1035-0006 related to FLTCA, 2021, s. 6 (7)  
inspected by Julianne NgoNloga (502)

Order #002 from Inspection #2023-1035-0006 related to FLTCA, 2021, s. 24 (1)  
inspected by Kelly Boisclair-Buffam (000724)

Order #003 from Inspection #2023-1035-0003 related to O. Reg. 246/22, s. 75  
inspected by Kelly Boisclair-Buffam (000724)

The following Inspection Protocols were used during this inspection:

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

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Dining and Snack Services

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

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:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee failed to ensure that cold food items were served at a temperature that was both safe and palatable to the residents.

#### Rationale and Summary

During a meal service in 2024, the temperature of cold food item was at 9.4 degrees Celsius and 30 minutes later at 9.6 degrees Celsius.

Review of temperature report from the kitchen and at the point of service for a period in April 2024, showed that the temperature of cold food items varied between 8.3 to 12.7 degrees Celsius.

The Food Services Manager (FSM) indicated that cold food items should be served at 4 degrees Celsius or less. FSM stated that staff should have stored cold food items in the refrigerator until appropriate temperature was reached before service to the residents.

As such, the cold food item served at temperature higher than 4 degrees Celsius

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posed health risk the residents.

Sources: Inspector's observation. Review of temperature report. Interview with FSM.  
[502]

## WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that resident #002's written plan of care sets out clear directions to staff and others who provide direct care to the resident.

### Rationale and Summary

A resident was assessed at high nutritional risk related to identified symptoms. The progress notes indicated that the resident had multiple specified incidents. The plan of care indicated that an identified food item was restricted.

During a meal service, the resident was served food that included the restricted food item.

Two staff members indicated that they did not understand the resident's restricted food items. Both staff indicated that the resident's care plan was not providing clear direction.

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The resident was at increased risk of specified incidents during meal as the plan of care did not provide clear direction to direct care staff.

Sources: A resident's health record. Interviews with two staff member.  
[502]

## COMPLIANCE ORDER CO #001 Registered Dietitian

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 80 (2)

Registered dietitian

s. 80 (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 80 (2) [FLTCA, 2021, s. 155 (1) (b)]:  
The plan must include but is not limited to:

- a) Develop a plan and outline the procedure to recruit a Registered Dietitian as a member of the staff of the home, who works on site for a minimum of 30 minutes per resident per month.
- b) Implement strategies to carry out clinical and nutritional care duties onsite until a Registered Dietitian (RD) is hired.
- c) A written record must be kept for a and b until the licensee has complied with this order.

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Please ensure that the submitted written plan does not contain any PI/PHI

Please submit the written plan for achieving compliance for inspection #2024-1035-0002 to Kelly Boisclair-Buffam (000724), LTC Homes Inspector, MLTC, by email to [ottawadistrict.mlhc@ontario.ca](mailto:ottawadistrict.mlhc@ontario.ca) by June 5, 2024.

Please ensure that the submitted written plan does not contain any PI/PHI.

#### Grounds

Inspection #2023-1035-0003, NC #013, reported that the home did not have an RD for a four week period in 2023. Since then, there had not been a RD as staff of the home working onsite.

A review of a resident's nutritional assessment upon admission indicated a history of specified incidents. The resident's assessments and progress notes consistently indicated a high risk of the specified incidents. A specified incident a day in 2024, required numerous nursing interventions. A Registered Dietitian (RD) had assessed the resident remotely.

Interview with the RD stated that the home required an on-site Registered Dietitian for high-risk observations and evaluations, but they only work remotely as per the employment agreement. Both the Administrator and the licensee Regional Manager confirmed that they do not have a permanent on site RD.

By not having a permanent Registered Dietitian on site, potentially placed residents at high nutritional risk for further complications.

Sources: A resident's progress notes, nutritional care plan, nutritional assessments,



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and Regional Manager email. Interviews with RD, Administrator and Regional  
Manager  
[000724]

This order must be complied with by August 30, 2024

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**NOTICE OF RE-INSPECTION FEE** Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Order #003 from Inspection #2023-1035-0003 related to O. Reg. 246/22, s. 75

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

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## 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:

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

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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 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:



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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).