

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

Hamilton District  
119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

## Public Report

**Report Issue Date:** July 30, 2025

**Inspection Number:** 2025-1095-0004

**Inspection Type:**

Complaint

Critical Incident

**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:** BayWoods Place, Hamilton

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 17-18, 22-25, 28-29, 30, 2025.

The inspection occurred offsite on the following date(s): July 21, 2025.

The following intake(s) were inspected:

- Intake: #00149362 - Related to Prevention of Abuse and Neglect.
- Intake: #00150153 - Related to Resident Care and Support Services; Housekeeping, Laundry and Maintenance Services; Food, Nutrition and Hydration.
- Intake: #00150907 - Related to Resident Care and Support Services.
- Intake: #00150973 - Related to Food, Nutrition and Hydration; Resident Care and Support Services.

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

Resident Care and Support Services  
Food, Nutrition and Hydration  
Housekeeping, Laundry and Maintenance Services  
Prevention of Abuse and Neglect

## 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: FLTCA, 2021, s. 6 (2)**

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee failed to ensure that the care set out in the plan of care for a resident related to continence care was based on their assessment and their needs and preferences.

On a day in July, 2025, the resident was reassessed and the plan of care was updated.

Sources: Care plan, the Resident clinical records, interviews with staff.

Date Remedy Implemented: July, 2025

## **WRITTEN NOTIFICATION: Duty of the licensee to comply with resident #004's plan of care**

NC #002 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 in relation to assistance with eating set out in the plan of care was provided to the resident as specified in their plan.

Sources: observations; a resident's plan of care; interview with staff.

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## WRITTEN NOTIFICATION: Duty to Protect

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

### 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 physical abuse by another resident.

Section 2 of Ontario Regulation (O. Reg.) 246/22 defines “physical abuse” as the use of physical force by a resident that causes physical injury to another resident.

**Sources:** Critical Incident, Home's internal investigation notes, resident's clinical records, observation of residents.

## WRITTEN NOTIFICATION: Oral Care

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

### Non-compliance with: O. Reg. 246/22, s. 38 (2)

Oral care

s. 38 (2) The licensee shall ensure that each resident receives assistance, if required, to insert dentures prior to meals and at any other time as requested by the resident or required by the resident's plan of care.

The licensee failed to ensure that a resident received assistance to insert dentures prior to their meal.

**Sources:** Observation of resident, interview with POA, interview with Staff, resident's clinical records.

## WRITTEN NOTIFICATION: Menu planning

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

### Non-compliance with: O. Reg. 246/22, s. 77 (4) (a)

Menu planning

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s. 77 (4) The licensee shall ensure that each resident is offered a minimum of,  
(a) three meals daily;

The licensee has failed to ensure that a resident was offered at minimum a main meal for their lunch on a day in July.

**Sources:** resident observations, plan of care, interview with staff.

## WRITTEN NOTIFICATION: Dining and Snack Service

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

**Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.**

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:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee has failed to ensure that a resident was provided proper assistance with eating during lunch.

Sources: observation, interview with staff.

## WRITTEN NOTIFICATION: Housekeeping

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

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (a)**

Housekeeping

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s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

The licensee has failed to ensure that procedures were implemented for cleaning of the home, including residents' bedrooms, floors, and common areas.

“Resident Room Cleaning - Routine Daily, Weekly and Monthly” procedure directed staff to ensure thorough cleaning and sanitization of rooms on a daily, weekly, and monthly basis including high-touch surfaces and floor cleaning.

**Sources:** “Resident Room Cleaning procedure, observation, interview with staff.

## **COMPLIANCE ORDER CO #001 Pest control**

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 94 (2)**

Pest control

s. 94 (2) The licensee shall ensure that immediate action is taken to deal with pests.

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

Specifically the licensee must:

A) Develop and implement, in consultation with a licensed pest controller, a home wide written preventative pest control action plan, which shall include the following:

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1. Audit and repair all doors in the Long Term Care Home (LTCH) that open to the outdoors and are accessible to pest entry to ensure the openings are sealed and the door sweeps are installed and in good repair to prevent entry of any pests.
2. Document the audit, including the date the audit was completed, location of each entry audited, concerns identified, corrective actions, and who completed the audit.
3. Implement corrective actions to ensure pests are unable to enter through gaps or openings.
4. Keep a record of the audit and corrective actions taken with the date completed and whom the work was completed by for Ministry of Long-Term Care (MLTC) Inspector review upon request.

## **Grounds**

The licensee failed to ensure that immediate action was taken to deal with pests in the home.

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Record reviews of the external pest controller reports and internal complaints confirmed evidence of rodents and cockroaches present in the Home, including: offices, kitchen, resident rooms, resident drawers, common areas, serveries and dining rooms.

Failure to follow the external pest controller recommendations put residents at risk of infectious disease transmission and pest infestation.

**Sources:**

Complaint filed with the MLTC, Review of Pest Control Reports, observation of doors, interview with staff, review of preventative maintenance documentation, Pest Control Policy.

**This order must be complied with by**

September 12, 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:

**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



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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:

**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).