

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

**Central East District**  
33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

## Public Report

**Report Issue Date:** November 13, 2025

**Inspection Number:** 2025-1293-0005

**Inspection Type:**

Complaint

Critical Incident

**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:** Warkworth Place, Warkworth

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 4-7, 10, 12-13, 2025

The following intake(s) were inspected:

- ▢ An anonymous complaint regarding allegations of improper care of a resident
- ▢ An intake regarding allegations of improper care of a resident
- ▢ A complaint regarding allegations of improper care of two residents
- ▢ An intake regarding allegations of improper care of a resident

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

Resident Care and Support Services  
Continence Care  
Food, Nutrition and Hydration  
Housekeeping, Laundry and Maintenance Services  
Medication Management  
Infection Prevention and Control  
Palliative Care  
Reporting and Complaints

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Right to quality care and self-determination

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

### Non-compliance with: FLTCA, 2021, s. 3 (1) 17.

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:

17. Every resident has the right to be told both who is responsible for and who is providing the resident's direct care.

A resident indicated that staff did not tell them who was providing their direct care when the resident asked. Executive Director (ED) confirmed that staff are expected to inform residents of who was providing the resident's direct care when asked by the resident.

**Sources:** Interviews with a resident and with the ED.

## WRITTEN NOTIFICATION: Involvement of resident, etc.

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

### Non-compliance with: FLTCA, 2021, s. 6 (5)

Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

A resident's Substitute Decision Maker (SDM) was not provided the opportunity to participate fully in the development and implementation of the resident's plan of care when staff did not inform the physician about the SDM's request for medication and assessment. The ED acknowledged that the request was not addressed due to a communication gap when the physician did not review the note.

**Sources:** A resident's clinical notes and interviews with staff.

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## 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) (c)

Responsive behaviours

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

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

A resident's SDM reported that the resident was experiencing a change in behaviour. Review of the resident's clinical documentation and an interview with the ED confirmed that no assessment for the reported change in behaviour was completed.

**Sources:** A resident's clinical notes and interviews with staff.

## WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

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

Nutritional care and hydration programs

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

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

1. Documentation reviewed for a resident indicated a change in nutrition intake. The homes policy indicates that an Registered Dietitian (RD) referral was to be completed when the resident did not meet their nutrition target. The ED acknowledged that nutrition monitoring and referral measures were not implemented.

**Sources:** A resident's clinical records, Monitoring Food and Fluid Intake Policy, and interviews with staff.

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2.Documentation reviewed for a resident indicated that the resident did not meet their fluid intake target during a specific period of time. The RD confirmed that a referral and hydration assessment were to be completed when the resident did not meet their fluid target. The ED acknowledged that these measures were not implemented during this period of time.

**Sources:** A resident's clinical records, Monitoring Food and Fluid Intake Policy, and interviews with staff.

## WRITTEN NOTIFICATION: Dining and snack service

NC #005 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.

1.During an observation on a specific day, a resident was seated in a tilted position during snack service. The resident's clinical record indicate resident is to be upright for all oral intake.

**Sources:** An observation and a resident's clinical records.

2.During an observation on a specific day, a resident was seated in a tilted position during snack service. The resident's clinical record indicate resident is to be upright for all oral intake.

**Sources:** An observation and a resident's clinical records.

## WRITTEN NOTIFICATION: Infection prevention and control program

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

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**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

1. The IPAC Standard required under section 10.2 that the hand hygiene program was to include hand hygiene support for residents, specifically (c) assistance to residents to perform hand hygiene before snacks.

In observation of snack service, it was noted that residents were not provided assistance or supported to perform hand hygiene before their food and fluids.

**Sources:** Observations of snack service.

2. The IPAC Standard required under section 9.1 (b) that staff followed Routine Practices with respect to performing hand hygiene according to the four moments of hand hygiene.

During an observation on a specific day, a Personal Support Worker was observed providing snack service and did not complete hand hygiene before or after resident and environmental contact.

**Sources:** Observations of snack service.



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

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