

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: September 16, 2025
Original Report Issue Date: September 5, 2025
Inspection Number: 2025-1147-0005 (A1)
Inspection Type: Complaint 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: Hope Street Terrace, Port Hope

AMENDED INSPECTION SUMMARY

This report has been amended to:
Compliance Order #002 was amended to correct the date of an intervention.
Compliance Order #003 was amended to correct part 2 of the Compliance Order..

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 26-29, 2025 and September 2-5, 2025

The following intake(s) were inspected
-Follow-up #1 - CO #001/2025-1147-0004 - O. Reg. 246/22 s. 24 (2) related to ensuring air temperatures are measured and documented, CDD August 20, 2025.
-Intake: #00154830 - Complaint concerns regarding food temp and quality

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1147-0004 related to O. Reg. 246/22, s. 24 (2).

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

Housekeeping, Laundry and Maintenance Services
Food, Nutrition and Hydration
Medication Management

AMENDED INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Food production

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 78 (3) (a)

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(a) preserve taste, nutritive value, appearance and food quality

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

The licensee shall:

- 1-Ensure kitchen staff are educated on the calibration and documentation of the Main Kitchen Thermometer that is used to measure temperatures at point of service.
- 2-The home will audit the temperatures of all foods before Breakfast, Lunch and Dinner service to ensure documentation is correct.
- 3-The home will audit two specific residents for 4 weeks to ensure their satisfaction with all meals to ensure food satisfaction.
- 4-The home will audit the plate warmer to ensure the plate warmer is on at level 4 or higher and plates are rotated so all plates become warm for plating.
- 5-The home will audit weekly for 4 weeks all food storage throughout the home to ensure no reused food containers or single use plastics are being utilized to store food.
- 6-Ensure all documentation is signed by the auditor, including dates and education for correction.

Grounds

Concerns regarding food quality, taste, and temperature remain unresolved. During a recent inspection, similar complaints were echoed by additional residents and family members, who reported raising these issues with leadership over several weeks without resolution. On a specific date, multiple residents and family members in the main dining room reported cold dinner meals. The following morning, breakfast bacon was served at an unacceptable temperature and quality.

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Review revealed plate warmers were too cool, and food was stored and served in reused food containers. The latest Resident Food Committee report also noted consistently cool food temperatures, despite recorded temperatures being within acceptable range. Failure to keep food quality, taste, and temperatures at an acceptable level for residents resulted in several complaints from resident and family members.

Sources: Critical Incident Report, observations, interviews with family members and staff.

This order must be complied with by October 10, 2025

COMPLIANCE ORDER CO #002 Food production

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)

Food production

s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,

(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78 (3).

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

The licensee shall:

- 1-Complete a deep cleaning of the entire main kitchen on the first floor
- 2-Repair all walls with peeling paint in the main kitchen so that they are smooth and easy to clean and complete the repair of the main kitchen ceiling.
- 3-Audit the kitchen every week for 4 weeks to ensure no hardware tools are being used in the kitchen.
- 4-Ensure a plan and schedule of cleaning is in place for the entire main kitchen.
- 5-The home will conduct weekly audits for four weeks to ensure proper cleaning of the entire main kitchen.
- 6-Audits are to include the name of the person being audited, who completed the audit, any findings of non-compliance and the corrective measures taken to correct the non-compliance and keep a documented records of all audits and corrections.

Grounds

The licensee failed to ensure food and fluids were prepared, stored, and served safely, risking contamination and foodborne illness. The main kitchen had a large section of ceiling missing, and the dishwasher was in poor condition. The dishwasher room showed visible black substance on various surfaces; floors were lifting and dirty, and fans and air conditioners had visible dust. Food was stored in reused food containers, including staff items in refrigerators. Indicators of inadequate maintenance were noted, including unsecured tools, affixed documentation on equipment,

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accumulation within the grease trap, and visible surface deterioration accompanied by discoloration. Leadership acknowledged the kitchen required deep cleaning. The failure to maintain the main kitchen, and store foods in suitable containers for food storage, in a clean and good state of repair increased the risk of food adulteration and contamination and placed the residents at a heightened risk of foodborne illnesses.

Sources: Observations, and interviews with staff.

This order must be complied with by October 10, 2025

COMPLIANCE ORDER CO #003 Safe storage of drugs

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

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(ii) that is secure and locked,

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

The licensee will

1-Develop a plan to educate 2 specific registered staff on Medication Management, including the College of Nurses Standards of Practice regarding medication management.

2-Audit the medication cart on a specific resident home area (RHA) for a period of 4 weeks including weekends and holidays at 0830 hrs, 1300 hrs, 1730 hrs to ensure the medication cart and narcotic storage bin is locked and latched when unattended. During the aforementioned times when the medication cart is in use, ensure the narcotic storage bin is locked. Include the name and date of the auditor and any corrective action taken.

Grounds

The licensee has failed to ensure that drugs are stored in an area or a medication cart are secure and locked.

Medication safety protocols were not followed on a specific RHA. On a specific day, the medication cart was observed unattended, unlocked, and unlatched in a resident-accessible area. The bottom drawer, containing controlled substances, was also unlocked and accessible. Interviews with nursing staff confirmed the cart and narcotic bin should have been secured when unattended.

Failure to ensure that the medication and treatment carts are kept secured and locked placed the residents at risk of harm.

Sources: Observations, Interviews with staff.



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**Inspection Report Under the
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This order must be complied with by October 10, 2025

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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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.



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