

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 18, 2025
Inspection Number: 2025-1147-0006
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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 5- 7, 10-14, 18, 2025.

The following intake(s) were inspected:

- Intake - Follow-up #: 1 - O. Reg. 246/22 - s. 138 (1) (a) (ii) CDD 2025-10-10
- Intake - Follow-up #: 1 - O. Reg. 246/22 - s. 78 (3) (a) CDD 2025-10-10
- Intake - Follow-up #: 1 - O. Reg. 246/22 - s. 78 (3) (b) CDD 2025-10-10
- Two intakes related to complaints

Previously Issued Compliance Order(s)

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

Order #003 from Inspection #2025-1147-0005 related to O. Reg. 246/22, s. 138 (1) (a) (ii)

Order #001 from Inspection #2025-1147-0005 related to O. Reg. 246/22, s. 78 (3) (a)

Order #002 from Inspection #2025-1147-0005 related to O. Reg. 246/22, s. 78 (3) (b)

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

- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Medication Management
- Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control

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

Non-compliance with: O. Reg. 246/22, s. 102 (15) 2.

Infection prevention and control program

s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

2. In a home with a licensed bed capacity of more than 69 beds but less than 200 beds, at least 26.25 hours per week.

The infection prevention and control (IPAC) lead designated under this section is not working on-site for the required 26.25 hours per week in a home with a licensed bed capacity of more than 69 beds but less than 200 beds. The IPAC lead confirmed that they do not work required 26.25 hours per week.

Sources: Record Reviews, interview with staff.

WRITTEN NOTIFICATION: Safe storage of drugs

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

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,

During a tour of the home, on floor #2, it was observed by a Corporate Director and two inspectors that the nurses station half doors and the medication room door were open, unlocked and unlatched, and there was no registered staff in the medication room.

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An interview with a Registered Nurse (RN), confirmed that the half doors to the nursing station and the medication room door should be locked when the registered staff are not working in the medication room. The half doors to the nurses station should be closed and latched to prevent residents who were in the area from accessing the nurses station and the medication room.

Sources: Observations, Interviews with staff.

COMPLIANCE ORDER CO #001 Accommodation services

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

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

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

Specifically, the licensee shall ensure the following:

- 1- Develop and implement a comprehensive procedure to evaluate the state of repair in all Resident Home Areas (RHAs), including but not limited to: corridors, resident rooms, resident washrooms, shower rooms, dining areas, hair salon and activity rooms (Gathering Place and Recreation and Leisure Room).
- 2- Conduct a review of the preventive maintenance program and perform a thorough assessment of all RHAs to identify items requiring repair, replacement, or cleaning. This includes; furnishings, millwork, floors, walls, baseboards, ceilings, windows ensure to include shared spaces such as dining rooms, activity rooms, tub rooms, and shower rooms.
- 3- Create a detailed checklist for cleaning, repairs, and replacements. The checklist should specify the location, method, responsible individuals, start and completion dates, and maintenance plans.
- 4- Specify in the action plan; The individual responsible for each maintenance service, expected completion date, method for completing the repair, status of the repair, date of completion, how the item will be maintained over time.
- 5- Ensure leadership team involvement in the planning process, including: Administrator or designate, Director of Care (DOC), Environmental Services Manager (ESM),

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Infection Prevention and Control (IPAC) Lead. Include the IPAC Lead in the Construction, Renovation, and Maintenance Design (CRMD) process.

Grounds

Section 19(2)(c) of the FLTCA, 2021 requires that maintenance services in the home be kept in good repair. During a tour of the home, multiple resident areas were observed to require maintenance, including light fixtures, windows, uneven flooring, damaged walls and floors fixtures shelves and furniture in tub rooms, shower rooms, baseboards, ceilings and walls and furniture in dining rooms, resident activity room, resident washrooms and bedrooms.

During interviews and tours with the Regional Director, Environmental Services manager, they agreed that following areas require repair, walls, holes that need closing, tubs, flooring replacement, and overall improvement in cleanliness.

Not maintaining the home in a safe condition and good repair places residents at risk of physical injury and increases the potential for microorganism growth due to water damage and a poorly maintained environment.

Sources: Interviews with staff, observations, record reviews

This order must be complied with by February 27, 2026

COMPLIANCE ORDER CO #002 Housekeeping

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Housekeeping

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,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids.

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

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[FLTCA, 2021, s. 155 (1) (a)]:

Specifically, the licensee shall ensure the following:

- 1- Review revise and implement the following policies to ensure staff directions are clear. Policy: Use of Stainless-Steel Sink and Dishwasher for Cleaning Non-Critical Devices and, Policy: Bedpans, Basins, and Urinals Cleaning and Disinfection Using a Dishwasher.
- 2- Ensure all necessary supplies are readily available for cleaning and disinfecting resident-specific equipment.
- 3- Develop and implement a cleaning schedule that provides clear instructions for staff to follow, in alignment with: Policy: Use of Stainless-Steel Sink and Dishwasher for Cleaning Non-Critical Devices Policy: Bedpans, Basins, and Urinals Cleaning and Disinfection Using a Dishwasher
- 4- Provide education to all Personal Support Workers (PSW) who may be required to clean and disinfect shared equipment (e.g., urinals, basins, bedpans, or other resident-specific items). Education must include, but is not limited to, the home's applicable policies relevant to cleaning and disinfection of Bedpans, Basins, and Urinals.
- 5- Keep a documented record of this education, including; content delivered, name of the educator, date(s) of education, list of attendees.

Grounds

During the tour, a washbasin was observed face down on the floor of a resident's washroom, and a used urinal was observed on a bedside table in another room. In the second-floor tub room, a dishwasher was in use, and dishwashing tablets were observed on the counter. The IPAC lead was unaware that the dishwasher was being used for reprocessing bedpans, washbasins, and urinals.

Interviews and observations revealed further inconsistencies and misalignment with the home's policies for cleaning and disinfection of bedpans, basins, and urinals.

A PSW reported that they did not receive training on cleaning and disinfection of bedpans, washbasins and urinals. Another PSW, who regularly works the night shift, confirmed dishwashers are not used for these items and described using a powdered disinfectant solution in the resident shower, allowing items to air dry, but also confirmed no training had been provided.

The Director of Care, (DOC) explained that items are emptied into toilets and disinfected in the dishwasher weekly but was unsure of cycle details and acknowledged confusion caused by overlapping policies. They confirmed education is provided annually, but records show the last training occurred in 2024 and many trained staff are

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no longer in their roles.

Policy review indicated two overlapping procedures: one requiring cleaning in the resident's washroom after each use and weekly deep cleaning in the soiled utility room using a dishwasher, and another policy required soaking in a disinfectant solution before dishwasher use. Both require approved disinfectants and audits by the IPAC lead.

Observed practices, records reviewed, and interviews indicated these steps are not consistently followed.

Sources: Observations, Interviews with staff, record review.

This order must be complied with by February 27, 2026

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

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