

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:** September 23, 2025

**Inspection Number:** 2025-1138-0005

**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:** Port Perry Place, Port Perry

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 15 - 19, 22 and 23, 2025

The following intake(s) were inspected:

- Intake: #00152862 - Follow-up #1: CO #001, 2025-1138-0003, FLTCA, 2021 - s. 24 (1) - Duty to protect, CDD: August 27, 2025.
- Intake: #00152863 - Follow-up #1: CO #002, 2025-1138-0003, O. Reg. 246/22 - s. 79 (1) 8. - Dining and snack service, CDD: August 27, 2025.
- Intake: #00156609 - Fall of a resident.
- Intake: #00156652 - Improper/Incompetent care to a resident.

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1138-0003 related to FLTCA, 2021, s. 24 (1)

Order #002 from Inspection #2025-1138-0003 related to O. Reg. 246/22, s. 79 (1) 8.

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

- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect

Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: General Requirements for Programs

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

**Non-compliance with: O. Reg. 246/22, s. 34 (2)**

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that any actions taken with respect to a resident under the nursing and personal support program, including assessments, reassessments, interventions and the resident's responses to interventions, are documented.

Specifically, when a Personal Support Worker (PSW) and a Registered Practical Nurse (RPN) failed to document the resident's symptoms, assessment, and interventions on two specific dates.

**Sources:** The resident's health record, investigation notes, and interview with staff.

### WRITTEN NOTIFICATION: Administration of drugs

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

**Non-compliance with: O. Reg. 246/22, s. 140 (1)**

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

The licensee has failed to ensure that no drug is used by or administered to a resident unless the drug has been prescribed for the resident. Specifically, a Personal Support Worker (PSW) administered medication to the resident on two specific dates, without a physician's order and outside of the PSW's scope of practice.

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**Sources:** Resident #002's health record, investigation notes, and interviews with staff.

## COMPLIANCE ORDER CO #001 Plan of care

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

### Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

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

The DOC or designate shall conduct daily audits for three weeks of a resident's health status to ensure Personal Support Workers promptly report any new symptoms or changes in condition to registered staff. The home's audit records must include the date of the audit, the name of the auditor, the presence of any new symptoms or changes in condition, whether registered staff have been notified promptly, and document any corrective actions or feedback provided in the process. The home is to maintain the records and provide them to the inspector upon request.

### Grounds

The licensee has failed to ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

On two specific dates, a Personal Support Worker (PSW) found the resident with specific symptoms. The PSW then administered unprescribed medication and dietary supplement and failed to collaborate with a Registered Staff in a timely manner and failed to communicate all relevant clinical information. Then the RPN failed to collaborate with a Registered Nurse (RN). On one of these dates, a Registered Practical Nurse (RPN) failed to collaborate with a Registered Nurse or other staff.

Failure of the PSW to collaborate with registered staff by not promptly reporting

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changes in the resident's health status delayed appropriate clinical response by registered staff, potentially putting the resident at increased risk of harm.

**Sources:** The resident's health record, investigation notes, and interview with staff.

**This order must be complied with by** November 7, 2025

### **COMPLIANCE ORDER CO #002 Plan of care**

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

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

1-Ensure the Director of Care (DOC) or designate reviews a resident's falls prevention and management interventions with the personal support workers and registered staff involved in their care. Maintain a documented record of the review, including the reviewer's name, date of the review, and staff signatures.

2-Conduct and document weekly audits for three consecutive weeks to confirm the resident is receiving care as specified in plan of care for falls prevention and management. Maintain a documented record of each audit and include the date and time, auditor's name, and confirmation of interventions. Record any remedial actions taken for staff who did not complete the required interventions.

#### **Grounds**

The licensee has failed to ensure that the care set out in the plan of care was provided to the resident, as specified in the plan, specific to the use of hip protectors and appropriate footwear.

The resident's plan of care indicated the resident was at risk for falls and that they were to have specified falls prevention interventions. On specific date, the resident sustained a fall that caused injury and required surgical repair. Record reviews and staff interviews indicated the resident's specified interventions were not in place at the time of fall.

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Observations and interviews with staff verified that the specified interventions were not in place.

Failure to implement the fall prevention strategies outlined in the resident's plan of care had a significant impact with substantial decline in the resident's functional abilities and quality of life.

**Sources:** Observations of the resident, Interviews with staff. The resident's clinical records.

**This order must be complied with by** November 7, 2025

**An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001**

## **NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Compliance Order CO #002**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

### **Compliance History:**

FLTCA 2021, s. 6 (7) CO (High Priority) in inspection 2023-1138-0001, issued on 2023-03-28

**This is the first AMP that has been issued to the licensee for failing to comply with this requirement.**

Invoice with payment information will be provided under a separate mailing after service

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of this notice.

Licensees must not pay an AMP 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 AMP.

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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  
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).



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

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