

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: December 4, 2025
Inspection Number: 2025-1138-0006
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): November 24 - 28 and December 1 - 4, 2025.

The following intake(s) were inspected:

An Intake for Follow-up #: 1 - CO#001 / 2025_1138_0004 - FLTCA, 2021 - s. 19 (2) (c), CDD October 31, 2025.

An Intake for Follow-up #: 1 - CO#2 (HP) / 2025-1138-0005, FLTCA, 2021 - s. 6 (7), Plan of Care, CDD: November 7, 2025.

An Intake for Follow-up #: 1 - CO#1 (HP) / 2025-1138-0005, FLTCA, 2021 - s. 6 (4) (a), Plan of Care, CDD: November 7, 2025.

An Intake related to improper or incompetent care of a resident.

An Intake related to the unexpected death of a resident.

An Intake related to resident-to-resident sexual abuse.

An Intake related to a hypoglycemic event involving a resident.

An Intake related to a resident's fall.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1138-0004 related to FLTCA, 2021, s. 19 (2) (c)

Order #002 from Inspection #2025-1138-0005 related to FLTCA, 2021, s. 6 (7)

Order #001 from Inspection #2025-1138-0005 related to FLTCA, 2021, s. 6 (4) (a)

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

Housekeeping, Laundry and Maintenance Services
Medication Management
Safe and Secure Home
Responsive Behaviours
Reporting and Complaints
Residents' Rights and Choices
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to protect

NC #001 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.

Section 2 of O. Reg. 246/22 defines sexual abuse as any non-consensual touching, behaviours or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member.

The licensee did not implement measures to protect a resident from potential sexual misconduct by another resident.

Source: Clinical records of the residents, Interview with a Personal Support Worker and a Registered Practical Nurse.

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

Responsive behaviours

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

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behaviours,

(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee did not implement effective strategies and monitoring measures to prevent harm and manage responsive behaviours concerning a resident.

Source: Clinical records of the resident, interview with a Personal Support Worker and a Registered Practical Nurse.

WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (1)

Medication management system

s. 123 (1) Every licensee of a long-term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee must ensure compliance with written policies developed for the medication management system. A home's specific policy requires registered staff to document in the resident's health record all actions taken, including any treatment provided. This documentation was not completed for a resident on a specific date.

Source: The resident's health record, the home's policy, and an interview with a Registered Practical Nurse.



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

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