

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Toronto District**

5700 Yonge Street, 5th Floor  
Toronto, ON, M2M 4K5  
Telephone: (866) 311-8002

## Public Report

**Report Issue Date:** May 15, 2025

**Inspection Number:** 2025-1079-0002

**Inspection Type:**

Critical Incident

**Licensee:** CVH (No. 1) 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:** Craiglee Nursing Home, Scarborough

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 7-9, 13-15, 2025.

The following Critical Incidents (CI) intake(s) were inspected:

- Intake #00142749-CI #2503-000017-25 was related to a missing or unaccounted for controlled substance.
- Intake #00144659-CI #2503-000023-25 was related to allegations of abuse.
- Intake #00144898-CI #2503-000024-25 was related to alleged neglect.

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

Medication Management  
Prevention of Abuse and Neglect

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

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

**Non-compliance with: FLTCA, 2021, s. 6 (1) (a)**

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,  
(a) the planned care for the resident;

The licensee has failed to ensure that the planned care for a resident was included in the resident's written plan of care, specifically that the resident was not to be left unattended during an activity of daily living.

**Sources:** Resident's clinical records, interviews with a RPN and a PSW.

**WRITTEN NOTIFICATION: Reports re Critical Incidents**

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

**Non-compliance with: O. Reg. 246/22, s. 115 (3)**

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,
  - i. a breakdown or failure of the security system,
  - ii. a breakdown of major equipment or a system in the home,
  - iii. a loss of essential services, or
  - iv. flooding.
3. A missing or unaccounted for controlled substance.

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4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.
5. A medication incident or adverse drug reaction in respect of which a resident is taken to hospital.
6. The use of glucagon that results in a resident being taken to hospital.
7. An incident of severe hypoglycemia or unresponsive hypoglycemia in respect of which a resident is taken to hospital. O. Reg. 246/22, s. 115 (3); O. Reg. 66/23, s. 24.

The licensee has failed to ensure that the Director was notified within one business day when a missing or unaccounted controlled substance was identified.

An audit of the emergency stat box identified missing controlled substances. This was not reported to the Director within one business day.

**Sources:** Review of CI #2503-000017-25; review of the home's internal investigation of the incident; and interview with the Pharmacist and the DOC.

## **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 (2)**

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to ensure that the written policies and protocols developed for the medication management system were complied with when registered staff did not reorder controlled substances when removed from the emergency stat box.

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In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that the written policies related to medication management were complied with.

Specifically, when an audit was completed by the Pharmacist, it was identified that there were controlled substances missing from the Emergency Stat Box. Registered staff members were not completing the inventory list correctly, removing and not reordering them.

**Sources:** A review of CI #2503-000017-25; review of the home's investigation documents; review of the audit completed by the pharmacist; review of the home's policy "Narcotic and Controlled Medication", and interview with the Pharmacist and the DOC.

## **WRITTEN NOTIFICATION: Security of Drug Supply**

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

**Non-compliance with: O. Reg. 246/22, s. 139 3.**

Security of drug supply

s. 139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 246/22, s. 139; O. Reg. 66/23, s. 27.

The Licensee has failed to ensure that monthly audits of the daily count sheets of controlled substances were completed.

The home's Monthly Narcotic Audits showed there were no audits of the Emergency Stat Box completed from October 2023 until March 2025. The DOC and

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the Pharmacist confirmed that the staff were not conducting audits of the emergency stat box and the document being used by the home to complete audits were ineffective to ensure accuracy of the counts by nursing staff.

**Sources:** Home's Monthly Narcotic Audits; Audit results of the Pharmacist #102, interview with the DOC and the Pharmacist.