

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: April 25, 2025

Inspection Number: 2025-1080-0002

Inspection Type:

Complaint
Critical Incident

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: Regency Long Term Care Home, Port Hope

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 16, 17, 22, 23, 25, 2025.

The following intake(s) were inspected:

- An intake regarding allegations of improper care of a resident.
- A complaint regarding dietary practices and housekeeping concerns.

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

Food, Nutrition and Hydration
Housekeeping, Laundry and Maintenance Services
Responsive Behaviours
Staffing, Training and Care Standards

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Nutrition manager

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

Non-compliance with: O. Reg. 246/22, s. 81 (1)

Nutrition manager

s. 81 (1) Every licensee of a long-term care home shall ensure that there is at least one nutrition manager for the home, one of whom shall lead the nutritional care and dietary services program for the home. O. Reg. 246/22, s. 81 (1).

The licensee has failed to ensure that there was at least one nutrition manager working in the home at a minimum of 15.36 hours per week. The Executive Director (ED) confirmed that there was a period when the home did not have a Food Service Manager (FSM) who was responsible to lead the nutritional care and dietary services program for the home.

Sources: Dietary staffing schedules and an interview with the ED.

WRITTEN NOTIFICATION: Food service workers, minimums

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

Non-compliance with: O. Reg. 246/22, s. 83 (1)

Food service workers, minimums

s. 83 (1) Every licensee of a long-term care home shall ensure that there are sufficient food service workers for the home to meet the minimum staffing hours as calculated under subsection (2) for,

- (a) the preparation of resident meals and snacks;
- (b) the distribution and service of resident meals;
- (c) the receiving, storing and managing of the inventory of resident food and food

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service supplies; and

(d) the daily cleaning and sanitizing of dishes, utensils and equipment used for resident meal preparation, delivery and service. O. Reg. 246/22, s. 83 (1).

The licensee has failed to ensure that there were sufficient food service workers (FSW) working in the home a minimum of 151.2 hours per week. The ED acknowledged the scheduled FSW hours did not meet the minimum requirements and there were more hours not filled when FSWs were not able to come to work due to illness.

Sources: Dietary staffing schedules and an interview with the ED.

WRITTEN NOTIFICATION: Housekeeping

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

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

- (a) cleaning of the home, including,
- (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;

The licensee has failed to ensure that the organized program of housekeeping procedures was implemented for the cleaning of the steam tables, serving trays, nutritional carts, and the wall surfaces located in the serveries on the first and second floor. These surfaces exhibited signs of contamination, including dried food particles and rust. The Cook and FSW indicated they did not always have enough time to complete the required cleaning. The FSM acknowledged that the staff were not following the home's written procedures for cleaning the surfaces located in the

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serveries.

Sources: Observation of the first and second floor serveries, cleaning schedules, written procedures for cleaning equipment in the kitchen and interview with the Cook, FSW, and FSM.

COMPLIANCE ORDER CO #001 Food production

NC #004 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 steam tables, serving trays, and nutritional carts located on the first and second floor in the serveries.
2. Repair all walls with peeling paint near the steam tables in the serveries so that they are smooth and easy to clean.
3. Review existing cleaning schedules and checklists to ensure they include the steam tables, serving trays, nutritional carts, and the wall surfaces near the steam tables on the first and second floor in the serveries.
4. The FSM or designated manager will conduct weekly audits for four weeks to ensure proper cleaning of the steam tables, serving trays, nutritional carts, and the

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wall surfaces near the steam tables on the first and second floor in the serveries.

5. 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.

6. Keep a documented record of the audits completed and provide the audits to the Inspector upon request.

Grounds

The licensee has failed to ensure that all food and fluids in the food production system were prepared, stored, and served using methods to prevent adulteration, contamination, and foodborne illness. The steam table in the main kitchen on the second floor, used for serving resident meals, was observed to be in poor condition. The metal protective coating and wooden areas of the steam table were deteriorating. Packages of condiments and crackers were found stored on the bottom shelf of the steam table, which exhibited signs of contamination, including dried food particles and rust. The shelves located on the nutritional carts were observed to have dried food particles. Additionally, the paint on the wall next to the steam table on the second floor was peeling. The frame of the pass-through window abutting the steam table on the first floor also had pieces of paint found on the steam table and serving trays. The Cook, FSW, and FSM acknowledged the steam tables, serving trays, nutritional carts, and the wall surfaces located in the kitchen and serveries required cleaning.

The failure to maintain steam tables, serving trays, nutritional carts, and the wall surfaces 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.

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Sources: Observations of the first and second floor steam tables and serveries, and interviews with the Cook, FSW, and FSM.

This order must be complied with by June 27, 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 #001

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:

Prior non-compliance with O. Reg. 246/22, s. 78 (3) (b), resulting in a High Priority Compliance Order from inspection #2023-1080-0004, issued on March 5, 2024.

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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 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/APEAL 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

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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

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

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Director

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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.