

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: July 22, 2025

Inspection Number: 2025-1080-0003

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: Regency Long Term Care Home, Port Hope

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 30, July 2-4, July 8-10, and July 14-17, 2025

The inspection occurred offsite on the following date(s): July 9, 2025

The following intake(s) were inspected:

- An Intake/Critical Incident Report (CIR) related to a resident injury of unknown cause..
- A Follow-up #1 Intake related to, CO #001 / 2025-1080-0002, O. Reg. 246/22, s. 78 (3) (b) Food Production, CDD June 27, 2025.
- An Intake/CIR related to an allegation of resident-to-resident abuse.
- An Intake/CIR related to an allegation of resident-to-resident abuse.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1080-0002 related to O. Reg. 246/22, s. 78 (3) (b)

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

Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: PLAN OF CARE

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

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.

The licensee has failed to ensure that the staff and others involved in the different aspects of a resident's care collaborated with each other so that their assessments were integrated and were consistent with and complement each other.

A Critical Incident Report (CIR) was received by the Director related to resident-to-resident abuse.

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Review of a resident's current Care Plan confirmed one incident that occurred related to resident-to-resident abuse and identified only one co-resident as a behavioural trigger. Further review confirmed the resident's pharmacological intervention was not indicated. Furthermore, there were no new interventions or strategies trialed and/or implemented for managing the resident's responsive behaviours and preventing further incidents of resident-to-resident abuse.

Sources: A CIR, a resident's electronic and written health records, and an interview with Staff.

WRITTEN NOTIFICATION: REPORTING CERTAIN MATTERS TO DIRECTOR

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

According to O. Reg., 246/22, s. 2 (1) "sexual abuse" is defined as any non-consensual touching, behaviour 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 has failed to ensure to immediately report any suspicion of sexual abuse of four residents by a co-resident.

Review of a resident's Progress Notes confirmed the Charge Nurse was aware of an

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incident of resident-to-resident abuse towards a co-resident by a resident, the on-call manager was notified who then directed Nursing Staff to document a behaviour note and that the incident did not need to be reported. Furthermore, the BSO Lead confirmed that they were aware of further incidents of resident-to-resident abuse of co-residents by a resident and that they were not reported as they were not considered to be incidents of “physical” sexual abuse.

Sources: A CIR, a resident’s electronic and written health records, and an interview with Staff.

WRITTEN NOTIFICATION: SKIN AND WOUND CARE**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.****Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)****Skin and wound care**

- s. 55 (2) Every licensee of a long-term care home shall ensure that,
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The licensee has failed to ensure for a resident, who was exhibiting altered skin integrity, received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection.

A CIR was received by the Director related to resident-to-resident abuse.

Review of a resident’s post-incident skin assessment, confirmed that the resident had impaired skin integrity and injury.

Review of the resident’s Medication Administration Record (MAR) confirmed that

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the resident had a physician's order for "as necessary" (PRN) pain medication. Further review confirmed that Registered Staff did not provide the resident with PRN pain medication despite the resident's assessed, ongoing pain.

Sources: A CIR, resident's electronic health records, the home's investigation notes, and an interview with Staff.

WRITTEN NOTIFICATION: RESPONSIVE BEHAVIOURS

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

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

Responsive behaviours

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

- (a) the behavioural triggers for the resident are identified, where possible;
- (b) strategies are developed and implemented to respond to these behaviours, where possible; and
- (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

A CIR was received by the Director related to resident-to-resident abuse.

The BSO Lead confirmed they were aware of further incidents of resident-to-resident abuse.

Review of a resident's monitoring and assessments confirmed multiple dates/times of missing documentation. Further review confirmed the collected data was not analyzed in order to develop and implement strategies to respond to a resident's responsive behaviours. Furthermore, the BSO Lead confirmed that the resident's monitoring and assessments were not analyzed and should have been.

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Sources: A CIR, a resident's electronic and written health records, and an interview with Staff.

WRITTEN NOTIFICATION: ADMINISTRATION OF DRUGS

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (2)

Administration of drugs

s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that drugs were administered to a resident in accordance with the directions for use specified by the prescriber.

Review of a resident's MAR's confirmed a pharmacological intervention of a PRN medication indicated for a specific rationale.

Review of a resident's Progress Notes confirmed five occurrences consistent with a PRN medication and with the directions for use as specified by the Physician.

Review of the resident's MAR's confirmed that a PRN medication was not administered for the five occurrences.

Sources: A CIR, and a resident's electronic health records.

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

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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.

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

The inspector is ordering the licensee to:

- 1) The DOC and/or designate will ensure that PSWs are re-educated on the home's policies/procedures related to Zero Tolerance of Resident Abuse and Neglect, including the definitions of abuse.
- 2) The home will educate all Registered Staff and all on-call managers on the home's policies/procedures related to Zero Tolerance of Resident Abuse and Neglect, including the definitions of abuse, and the home's policies/procedures related to Reporting Certain Matters to Director.
- 3) The home will keep a written record of the education provided in subsections 1 and 2, which includes: the date of the education, the education contents, and the name and designation of the staff member who was educated. The records will be provided to Inspector immediately upon request.
- 4) The home will immediately conduct a family care conference for a resident to review past incidents of resident-to-resident abuse and to discuss potential strategies/interventions that can be trialed/implemented for prevention.
- 5) Upon conducting the family care conference, the multidisciplinary team will collaborate to review assessments related to a resident's responsive behaviours, which may include referring the resident to outside supports, review of current pharmacological interventions and/or any other interventions as appropriate.
- 6) The home will ensure the resident's Plan of Care is updated accordingly.
- 7) The home will ensure that PSW's providing the resident's care are educated on their role and responsibilities, including reporting any incidents of responsive behaviours to Registered Staff and ensure required documentation is indicated in the resident's health records.

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Grounds

According to O. Reg., 246/22, s. 2 (1) “sexual abuse” is defined as any non-consensual touching, behaviour 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 has failed to ensure to protect four co-residents from abuse by a resident.

Review of a resident’s Progress Notes confirmed six documented incidents of resident-to-resident abuse of four co-residents by a resident.

Review of a resident’s written documentation confirmed six documented incidents of four co-residents from abuse by a resident. Further review confirmed two documented incidents of resident-to-resident abuse of two unnamed co-residents by a resident.

Review of a resident’s Progress Notes confirmed the Charge Nurse was aware of an incident of resident-to-resident abuse towards a co-resident by a resident, the on-call manager was notified who then directed Nursing Staff to document a behaviour note and that the incident did not need to be reported. Furthermore, the BSO Lead confirmed that they were aware of further incidents of resident-to-resident abuse of co-residents by a resident and that they were not reported as they were not considered to be incidents of “physical” sexual abuse.

The following non-compliances were identified within this report specific to resident #002’s Responsive Behaviours:

- FLTCA, 2021, s. 28 (1) (2)-Reporting Certain Matters to Director.
- FLTCA, 2021, s. 6 (4) (a)-Plan of Care.

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-O. Reg., 246/22, s. 58 (4)-Responsive Behaviours.

-O. Reg. 246/22, s. 140(2)-Administration of Drugs.

Failure to ensure to protect four co-residents from abuse by a resident has placed the co-resident's safety and well-being at increased risk.

Sources: A CIR, a resident's electronic and written clinical health records, and an interview with Staff.

This order must be complied with by September 8, 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 \$5500.00, 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:

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CO-HP issued under FLTCA, 2021, s. 24(1) on March 5, 2024.

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/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

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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

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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.