

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 10, 2025

Inspection Number: 2025-1080-0004

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): August 22, 25, 26, 27, 29, 2025.

The following intake(s) were inspected:

- a Critical Incident Report regarding a resident to resident altercation
- a complaint regarding resident care

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

Resident Care and Support Services
Responsive Behaviours
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Bathing

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

Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more

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frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee failed to ensure that two residents were provided a tub bath, shower or full body sponge bath twice per week. The point of care (POC) documentation does not allow for documentation for bed baths therefore documentation to support a full body bed bath/tub bath/shower was provided was not found for a specified period of time.

Sources: residents clinical records, interview with a Personal Support Worker (PSW) and the Executive Director (ED).

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 (2) (c)

Responsive behaviours

s. 58 (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,

(c) co-ordinated and implemented on an interdisciplinary basis.

The licensee failed to ensure that protocols for the referral of residents to specialized resources were implemented on an interdisciplinary basis as per the licensee's responsive behaviour program for two residents when they were expressing responsive behaviours. The residents were not being followed by the home's Behavioural Support Ontario (BSO) team.

Sources: the licensee's Responsive Behaviour Policy and interview with a RPN and PSW.

WRITTEN NOTIFICATION: Responsive Behaviour

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

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

Responsive behaviours

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

(c) actions are taken to respond to the needs of the resident, including assessments,

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reassessments and interventions and that the resident's responses to interventions are documented.

The licensee failed to ensure actions were taken to respond to the needs of two residents when they were expressing responsive behaviour. The residents were not being followed by the licensee's BSO team.

Sources: residents clinical health records, and interview with a RPN.



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

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